THE RELATIONSHIP BETWEEN MALE RESTRICTED EMOTIONALITY
AND PERCEPTIONS OF COUNSELOR SUPERVISION

By

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A DISSERTATION PRESENTED TO THE GRADUATE SCHOOL
OF THE UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA

2000

ACKNOWLEDGMENTS

Above all others I need to acknowledge the contributions of my wife, Dawn, and my children, Shelby Paige and Nathan Lafayette. I suspect that I would have continued publishing existing data sets without an eye toward finishing this one in the absence of their support, encouragement, and occasional reminder that I needed to finish school and seek gainful employment. I also know that a lesser family would not have tolerated my ("somewhat") obsessive nature and my rather eccentric work habits. All three of them truly do have the hearts and souls of Klingon warriors, and may they ever remain free. This project, and the resulting degree, are as much theirs as they are mine.

I also need to acknowledge the contributions of my doctoral committee. Drs. Jim Archer, Shari Ellis, Marty Heesacker, Jim Morgan, and Jim Pitts all have gone above and beyond the call to bring this project to fruition. Of special note has been the assistance of Jim Archer and Marty Heesacker. Without their taking me under their wing and ensuring I remain on the correct path, I doubt I would have accomplished what I have. Further, while I was not able to convince Dawn to allow me to name our son Martin James Wester, you should know that the thought was there.

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THE RELATIONSHIP BETWEEN MALE RESTRICTED EMOTIONALITY
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August 2000

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This study examined the impact of the male gender role conflict pattern known as

restricted emotionality on counselor supervision. Two hundred sixteen of the 540

psychology internship sites listed in the 1998-99 edition of the Association of Psychology

Postdoctoral and Internship Centers directory were randomly selected to participate in this

study. Of these, 134 (63%) returned an enclosed postcard indicating that they had

distributed the study materials to 253 male interns and male practicum students. Of those

253 individuals, 103 (41%) returned the dependent measures. Hypothesis 1, that male

supervisees experiencing more restricted emotionality will report lower self-efficacy as a

counselor, a poorer perception of the quality of supervisory working alliance, and lower

satisfaction with the supervision, was tested using a Pearson Product Moment

correlational analysis. Hypothesis 2 contained two parts. First, male supervisees

experiencing more restricted emotionality will express less satisfaction with the supervision, lower self-efficacy as a counselor, and a negative perception of the supervisory working alliance when they are paired with a supervisor whom they perceive as having a more affective and interpersonal style. Second, male supervisees experiencing more restricted emotionality will express more satisfaction with the supervision, greater feelings of self-efficacy as a counselor, and a positive perception of the supervisory working alliance when they are paired with a supervisor whom they perceive as having a more instrumental and task-oriented style. Both parts of Hypothesis 2 were tested using three independent multiple regression analyses. The Restricted Emotionality subscale of the Gender Role Conflict Scale, the Task Oriented and Interpersonally Sensitive subscales of the Supervisor Styles Inventory, and an overall interaction term representing the combination of restricted emotionality and supervisor style were classified as predictor variables. The Counselor Self-Efficacy Inventory, the Satisfaction with Supervision questionnaire, and the Rapport subscale of the Supervisory Working Alliance Inventory were classified as criterion variables. Both Hypothesis 1 and Hypothesis 2 were not supported, suggesting that neither restricted emotionality nor the interaction of restricted emotionality and supervisor style have an impact on perceptions of the supervisory working alliance, satisfaction with supervision, and feelings of counseling self-efficacy.

CHAPTER 1
INTRODUCTION

The socialization of boys into men can potentially result in their experience of a heavy psychological burden (e.g., Brooks, 1998; Levant & Brooks, 1997; Levant & Pollack, 1995; Pleck, 1981, 1995; Pollack, 1998). For example, young boys are often taught that in order to become men they must block their emotions, in general, and restrict the expression of their vulnerable and caring emotions, specifically (Levant, 1995). Society encourages boys to disconnect from nurturing relationships, and avoid all things feminine, in order to be truly masculine (Bergman, 1995; Levant, 1995).

Accordingly, "a man [may] experience any particular facet of the self that he considers feminine with great conflict and anxiety, because he believes it threatens his manhood" (Meth, Pasick, Gordon, Allen, Feldman, & Gordon, 1990, p. 16). This experience is known as gender role conflict (GRC; O'Neil, Helms, Gable, David, & Wrightsman, 1986). It occurs when "rigid, sexist, or restrictive gender roles, learned during socialization, result in personal restriction, devaluation, or violation of others or self" (O'Neil, 1990, p. 25). Overall, gender role conflict has been demonstrated to be associated with many "cognitive, emotional, unconscious, or behavioral problems" in men (O'Neil, Good, & Holmes, 1995, p. 167).

GRC consists of four specific conflict areas (O'Neil et al., 1986; O'Neil, Good, & Holmes, 1995). The first, success, power, and competition, refers to an overemphasis on

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achievement, authority, and control over others. The second, restrictive emotionality, refers to difficulties with both emotional self-disclosure as well as the emotional expression of others. The third, restricted affectionate behavior between men, refers to discomfort with emotions denoting caring and affection between men. Finally the fourth area, conflict between work and family, refers to difficulties in negotiating the demands of their job and their family.

Of these four patterns, restricted emotionality (RE) seems to be the most consistent predictor of negative outcomes for men (e.g., Levant & Pollack, 1995). For example, greater levels of RE are related to men's increased anxiety (e.g., Sharpe, 1993; Sharpe & Heppner, 1991), increased depression (e.g., Good & Mintz, 1990; Sharpe, 1993; Sharpe & Heppner, 1991), increased homophobia (e.g., Jome & Tokar, 1997), and increased physiological complaints (e.g., Shepard, 1994a).

It has also been suggested that men who experience greater RE will also have increased difficulties in emotional domains such as interpersonal relationships or psychotherapy (e.g., Brooks, 1998). In fact, research has demonstrated that higher levels of RE are related to increased relationship difficulties (e.g., Chamberlin, 1994; Sharpe, 1993) and decreased interpersonal intimacy (e.g., Sharpe & Heppner, 1991; Cournoyer & Mahalik, 1995). More importantly, male psychotherapy clients experiencing higher levels of RE have a decreased ability to recognize, process, and express their own emotions (Fisher & Good, 1995; Sheppard, 1994a, 1994b; O'Neil et al., 1986; Stillson, O'Neil, &

Owen, 1991) as well as increased discomfort when dealing with the emotions of others (e.g., Sheppard, 1994a, 1994b).

One developing area of research is the impact of counselor-experienced RE on the therapeutic process. Wisch and Mahalik (1999) asserted that "therapists undergo the same gender role socialization as do their clients" (p. 51), implying that male therapists are not immune to the experience of gender role conflict (e.g., Mintz & O'Neil, 1990). Men in general seem to believe that psychotherapy is a traditionally feminine endeavor because of its focus on emotion and emotional process (e.g., Heesacker & Bradley, 1997; Robertson & Fitzgerald, 1992). Therefore, it is possible that male therapists may actually experience a more intense struggle with their gender role, as both Luhaorg and Zivian (1995), as well as Tokar and Jome (1998), determined that individuals whose gender role orientation did not match their current occupation (i.e., masculine individuals in a stereotypical feminine occupation) experienced greater GRC. However, despite these issues, and the growing importance of gender sensitivity in counseling (e.g., Gilbert, 1979, 1992; Levant, 1992; Shields, 1995), only a few published studies have examined the impact of GRC from this perspective.

One exception, Hayes (1985), concluded that increased levels of RE in counselors-in-training was associated with less empathy for, and more interpersonal difficulties with, non-traditional male clients. This finding was echoed by Wisch and Mahalik (1999), who determined that greater levels of GRC contributed to overpathologizing gay male clients. Additionally, Hayes and Gelso (1993) as well as

Gelso, Fassinger, Gomez, & Latts (1995), concluded that increased homophobia, as measured by the Restricted Affectionate Behavior Between Men scale, was related to counselors less comfort with, and lower empathy for, both gay and lesbian clients.

Taken together the results of these studies suggest that male counselors may interact with their male clients differently as a result of their experienced gender role conflict. Both multicultural scholars (e.g., Atkinson, Morten, & Sue, 1998), and feminist scholars (e.g., Gallessich, Gilbert, & Holahan, 1980; Gilbert, 1979, 1987, 1992, 1999; Gilbert & Osipow, 1991; Gilbert & Rossman, 1992; Grossman, Gilbert, Genero, Hawes, Hyde, Marecek, & Johnson, 1997; Shields, 1995), suggest that this type of differential interaction has the potential to harm clients (e.g., Atkinson, Morton, & Sue, 1998; Heesacker, Wester, Vogel, Wentzel, Goodholm, Jr., & Mejia-Milan, 1999a). Therefore, it is important to examine the impact of GRC on male counselors, preferably during the training process (e.g., Wisch & Mahalik, 1999), in order to address these issues and prevent them from negatively impacting their work.

One essential aspect of counselor training in which GRC-related difficulties could begin to emerge is counseling supervision (e.g., Bowden, Vogel, Wester, & Heesacker, 1999; Holloway, 1992). Supervision has been defined as "an intensive, interpersonally focused, one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person" (Loganbill, Hardy, & Delworth, 1982, p. 4). The intense, interpersonal nature of this relationship has led some researchers to conceptualize it as a working alliance, similar to that which occurs in

successful psychotherapy (e.g., Bordin, 1983; Efstation, Patton, & Kardash, 1990;

Holloway, 1992). Men with higher levels of GRC may have difficulty with such an

intense relationship, just as they often do in psychotherapy (e.g., Brooks, 1998), because

of their restricted emotionality (e.g., David & Brannon, 1976; Good, Dell, and Mintz,

1989; O'Neil, 1981a), difficulty with power and control in a relationship (Good, Dell, &

Mintz, 1989; O'Neil, 1981a; O'Neil et al., 1986), and an overall fear of intimacy (e.g.,

O'Neil, 1981a, 1981b; Good, Dell, & Mintz, 1989).

  This line of reasoning does not in any way suggest that men cannot be effective

counselors. However, it is possible that the combination of dealing with interpersonal

relationship issues, professional development issues, one's own emotions, and the

emotions of the client, could overwhelm a male counselor's coping styles (e.g., Mahalik,

Cournoyer, DeFranc, Cherry, & Napolitano, 1998) thereby making supervision

particularly problematic for individuals higher in GRC (e.g., Luhaorg & Zivian, 1995;

Tokar & Jome, 1998). Wisch and Mahalik (1999) suggested that a similar confluence of

forces may have been responsible for their finding that counselors with higher GRC

assigned poorer prognosis to both homosexual and non-traditional (e.g., highly

emotional) male clients. Perhaps a better understanding of this gender-related aspect of

psychotherapy training would be an essential contributor to improving the training of

male therapists in general, and those male therapists dealing with GRC, specifically (e.g.,

Heppner, 1995). As Wisch and Mahalik (1999) noted, "[those] involved in the training of

doctoral and masters students would do well to address gender role issues" (p. 58) in order to avoid the occurrence of clinical bias later in their student's career.

Therefore, this study examined the impact the GRC pattern known as restricted emotionality has on counselor supervision. Restricted emotionality was selected because it was most likely to interact with the emotional nature of both counseling (e.g., Heesacker & Bradley, 1997) and psychotherapy supervision (e.g., Holloway, 1992). The first hypothesis is that male supervisees' experiencing more restricted emotionality will report lower self-efficacy as a counselor, a poorer perception of the quality of supervisory working alliance, and lower satisfaction with the supervision.

The second hypothesis contains two parts. First, male supervisees experiencing more restricted emotionality will express less satisfaction with the supervision, lower self-efficacy as a counselor, and a negative perception of the supervisory working alliance, when they are paired with a supervisor whom they perceive as having a more affective and interpersonal style. Second, male supervisees experiencing more restricted emotionality will express more satisfaction with the supervision, greater feelings of self-efficacy as a counselor, and a positive perception of the supervisory working alliance, when they are paired with a supervisor whom they perceive as having a more instrumental and task-oriented style.

CHAPTER 2
REVIEW OF THE LITERATURE

This section will begin by reviewing the literature on masculinity across three separate areas. Those major theories which view masculinity as a social construct will be discussed first, followed by those theories which treat masculinity as a biological construct. This section will then discuss the growing body of literature which sees certain aspects of masculinity as problematic. Next this section will review the supervision literature relevant to this study; grouping the material according to its relationship with this study's variables of interest. Finally, this section will review the literature on counselor self-efficacy as it applies to the current research. The implications each of these discussions has for this research will also be reviewed.

Masculinity as a Social Construct

Masculinity can be construed as a "cultural construction imposed on men by particular social groups and organizations" (Eisler, 1995 p. 209). This imposition results in learned sex-typed attitudes and behaviors, which are in turn driven by societal mandates regarding what is and what is not gender appropriate (Bem, 1981; Eisler, 1995). Simply put, society teaches men how to be masculine.

While many explanations exist to address the process by which this occurs (e.g., see Lips, 1997 for review), one theory has dominated the professional literature over the past two decades. Gender schema theory (Bem, 1981) asserts that as children interact

with their environment, they develop cognitive schemas made up of material associated with the cultural definition of their biological sex. Schemas are frameworks which serve to organize and direct the understanding of incoming information (e.g., see Anderson, 1995 for review). They function as "anticipatory structures" (Bem, 1981, p. 355), in that they stand ready to assist the individual in processing information deemed relevant to their content (Anderson, 1995). Information contrary to this content is diverted or ignored (Anderson, 1995). The child therefore learns the lesson that, of the many possible dimensions of human personality, only those applicable to his or her own sex are eligible for organizing incoming data and interpreting the world.

These sex-based cognitive schemas also guide the child's understanding of gender-typed behaviors. Through them, the child learns what is, and what is not, appropriate for their own gender. Further, as these schemas develop through socialized experiences, the child learns to evaluate his or her own adequacy as a person in terms of these schemas. Simply put, children "match [their] preferences, attitudes, behaviors, and personal attributes against the prototypes stored within [their schemas]" (Bem, 1981, p.355). Gender stereotypes therefore become reality, as the child possesses an internal motivator which prompts them to conform their behavior to the cultural definition of "masculinity" or "femininity" as well as an external demand placed on them by society (Bem, 1981).

Bem (1981, 1985) also suggested that individuals differ in the degree to which they rely on their gender schemas to organize and process incoming information. These

differences seem to be the result of socialization (Lips, 1997) in that different experiences lead some individuals to see their gender identity as more salient. According to Bem (1981, 1985) such individuals have a greater tendency toward gender-schematic processing (Bem, 1981). For example, a child whose upbringing emphasized the cultural aspects of "masculinity" would be more prone to processing information congruent with a traditionally masculine schema than would someone whose upbringing de-emphasized these cultural aspects.

However, Bem (1981, 1985) has been criticized of late for being overly reductionistic, seeing gender in stereotypical terms, and lacking in empirical validation for her theories (e.g., Spence, 1993). For example, the primary measure of gender schema theory, the Bem Sex Role Inventory (BSRI; Bem, 1974) has been demonstrated to have trivial and nonsignificant relationships with existing measures of sex role attitudes, beliefs, and orientations (e.g., Spence, 1991, 1993). This suggests that the measure has questionable relevance to the construct of gender. Even more damaging criticism comes from Bem's own work (1974, 1981, 1985), which suggests the existence of gender categories other than 'masculine' and 'feminine' which some have termed androgynous and/or undifferentiated.

Spence (1984, 1985, 1991, 1993) suggests that gender is more a multifactorial construct. From this perspective, the various categories of attributes, attitudes, values, preferences, and behaviors that differentiate between men and women in any given culture do not constitute a single underlying property (Spence, 1984, 1985). Rather, they

exist as independent factors (Spence, 1993), each with developmental histories unique to each individual and influenced by a multitude of sources. Furthermore, each of these independent factors have various degrees of impact and different associations at any given point in a person development. Accordingly, "there is considerable variability within [men and women] as to the particular constellation of gender-congruent qualities [they will] display" (Spence, 1993, p. 625). Therefore, Spence asserts that, while people will continue to develop their sense of gender identity, the particular sets of gender-relevant characteristics they possess, and the gender roles they occupy at any given time, serve only to define their own personal sense of what it means to be a man or a women (e.g., Spence & Swain, 1985). Therefore, any theory or measure which ignores this process does a tremendous disservice to individuals.

Despite these contentions, there are several similarities that have implications for this research. First, these theories assume that men learn to evaluate their adequacy as persons based on their ability to behavior in accordance with learned masculine gender schema. Second, they assume that there is a developmental process that becomes stable at an early age. Finally, they assume that some men may become more highly committed to behaving in accordance with socially prescribed masculinity.

<u>Masculinity as a Biological Construct</u>

The difficulty of including material discussing masculinity as a biological construct is twofold. First, for ethical reasons, researchers cannot experiment on human fetuses. Thus experiments involving biochemical changes, such as the modification of

hormone levels in animal fetuses in order to examine eventual behavioral outcomes, cannot be conducted on humans. This means that this line of research is limited to the study of (a) those individuals whose experienced a hormonal imbalance in utero (e.g., Lips, 1997), (b) individuals willing to be injected with a quantity of hormone in order to observe behavior change, and/or (c) behavioral changes associated with known periods of biological change (e.g., adolescence, or late adulthood). The first option is plagued by low sample sizes, in that because of better prenatal care fewer and fewer people suffer from hormonal difficulties in utero. This leads to difficulty obtaining research subjects, and poor generalization of the results (e.g., Kazdin, 1992). The second option offers promise, but it is plagued by the difficulty in separating the effects of the hormone injection from the effects of any environmental socialization the individual has already experienced. The third option has historically focused on "marked or extreme changes, [driven by] a societal need to understand behaviors that are most deviant" (Buchanan, Eccles, & Becker, 1992, p. 98) rather than a desire to understand more stable, consistent changes in males. This section will therefore include only a brief discussion on the biological aspects of masculinity, in part because of these difficulties, but also because of the fact that the psychological factors upon which the concept of gender role conflict are based occur primarily in socio-cultural contexts.

<u>Hormonal Issues</u>

Those researchers advocating a main effect of biology on the development of masculinity have focused on demonstrating that prenatal levels of hormones, specifically

androgens, estrogens, and progestins, will affect the degree to which an individual evidences traditionally masculine or traditionally feminine behaviors. For example, early studies seemed to indicate that those infants born after prenatal exposure to excesses of androgen had greater interest in masculine activities such as sports, rough play, and interpersonal aggression when compared to infants not exposed to such elevated hormone levels (e.g., Ehrhardt & Baker, 1974; see Baker, 1980 & Ehrhardt, 1985 for review). These results were most striking for female infants, and overall they were interpreted to mean that prenatal levels of androgen directly impacted the degree of masculine behaviors a female can exhibit.

However, in their review of the literature, Collaer and Hines (1995) noted that the most consistent result across the literature examining the impact of elevated androgen was a preference for rough play. They concluded that there was no evidence to support an increase in aggressive tendencies or other masculine characteristics. Further, Kaplin (1980) noted that it seemed as if the increased androgens merely led to a more androgynous individual, in that they typically evidenced behavior indicative of both feminine and masculine orientations. Even more problematic was the fact that, as they developed, individuals who had been exposed to increased androgen levels prenatally showed a tendency to revert to behavioral patterns more in line with their physical gender (e.g., Money & Matthews, 1982).

Still another line of investigation involves the female hormone progesterone. Early research (e.g., Yalom, Green, & Fiske, 1973; Zussman, Zussman, & Dalton, 1975;

see Ehrhardt, 1985 for review) seemed to suggest that elevate levels of progesterone tend to feminize behaviors. However, more current research demonstrates a link between prenatal progesterone levels and aggressive behavior. For example, Reinisch (1981) demonstrated that male children whose mothers had taken does of progesterone during pregnancy were twice as likely to choice an aggressive response to a situation than were their brothers who had not been exposed to hormonal treatments. Further, female children were 1.5 times as likely to choose such a response when compared to their unexposed sisters. These findings are somewhat counterintuitive, in that a traditionally masculine behavior, such as aggression, seems to be linked to a female hormone. However, this conclusion seems to best describe the state of research in this area, in that there seems to be no clear main effect for any single hormone (e.g., Buchanan, Eccles, & Becker, 1992).

Finally, more recent work along these lines has examined the impact of testosterone on behavior, as testosterone has been traditionally thought of as the biochemical cause of the masculinity's preference for aggression and violence. However, as is the case with androgens and progesterones, the case for a simple main effect for testosterone on aggression is weak. Many studies demonstrate a link between testosterone and aggression(e.g., Dabbs, Frady, Carr, & Besch, 1987; Kling, 1975; Kreuz & Rose, 1972). Still, more recent research has demonstrated that the link may not be so clear cut. For example, Booth and Dabbs (1993) showed that men with higher testosterone levels were less likely to marry, more likely to divorce, and more likely to engage in aggressive behavior against their spouses. Dabbs and Morris (1990) demonstrated a correlational

link between testosterone levels and a variety of antisocial behaviors, including drug use, violence, and alcohol abuse. However, in both cases the reported effect size was small, and it was noticeable only at the extreme levels of testosterone. Still more research has demonstrated no evidence of a link between testosterone and aggression (e.g., Doering, Brodie, Kramer, Becker, & Hamburg, 1974; Meyer-Bahlburg, Boon, Shavma, & Edwards, 1974; Moyer, 1974). Therefore, the conclusions we can draw from this are mixed. Testosterone may play a part in the more negative aspects of masculinity, but it seems to be moderated by such variables as age, socioeconomic status, occupation, and environment (e.g., Booth & Dabbs, 1993; Christiansen & Knussman, 1987; Dabbs & Morris, 1990; Lips, 1997).

Structural Issues

The advances in medical technology have allowed the study of masculinity to include the physical structure of the brain. However, much of this research proceeds from the perspective of gender differences, as opposed to strictly looking at the role specific parts of the brain play in the enactment of masculine behaviors. For example, the brains of men are larger than the brains of women (e.g., Brannon, 1999). This difference, however, while present at birth (e.g., Breedlove, 1994), lends almost nothing to the understanding of masculinity as subsequent research has not linked it to any specific behaviors (e.g., Brannon, 1999). In fact, it could be concluded that this difference is the result of researcher expectancy effects (e.g., Rosenthal & Rosnow, 1991) in that,

according to Gould (1996), scientists discovered exactly what their sexism would have led them to expect.

It is possible that a similar explanation exists for research conducted in the areas of both brain lateralization and specific brain structures. Brain lateralization refers to the fact that the different hemispheres of the brain are responsible for different functions. Specifically, men seem to have more lateralized language and spatial functions than do women, while women seem to have these two functions equally represented in both hemispheres (e.g., Hiscock, Inch, Jacek, Hiscock-Kalil, & Kalil, 1994; Hiscock, Israelian, Inch, Jacek, & Hiscock-Kalil, 1995). However, at the same time researchers have concluded that (a) the effect size of these differences are very small, and (b) the within-group differences outweigh the between-group differences (e.g., Hiscock et al., 1994; Hiscock et al., 1995). Even more important, these differences do not seem to be related to observable behavior because of the fact that, despite magnetic resonance evidence showing men and women using different parts of their brain to answer specific types of questions, men and women perform comparable on these questions (e.g., Hyde, Fenema, & Lamon, 1990; Hyde & Linn, 1988).

Research has also examined the size of specific structures in the brains of men and women. For example, de Lacoste-Utamsing & Holloway (1982) determined that the posterior of the corpus callosum was smaller in men. However, subsequent research has failed to demonstrate this difference (e.g., Byne, Bleier, & Houston, 1988; Hines & Collaer, 1993; Witelson, 1985; 1991), leading to the conclusion that any gender

differences must be (a) very small, and (b) more due to factors other than individual

gender. Further, although an area of the hypothalamus called the sexually dimorphic

nucleus is much larger in men than in women (e.g., Breedlove, 1994; Swaab & Fliers,

1985; Swaab, Gooren, & Hofman, 1995), these results have been called into question

because of the tremendous within-group differences that were also found

(e.g., Brannon, 1999).

<div align="center">Masculinity Revisited</div>

As different as both the social and the biological approaches appear, they are

similar in that they see the development of masculinity as an adaptive, normal process that

incorporates sex typed attitudes and behaviors and for which there are positive

consequences (e.g., Bem, 1981; Eisler, Skidmore, & Ward, 1988). However, many have

criticized this idea (e.g., Levant & Brooks, 1997; Levant & Pollack, 1995; Pollack, 1995),

suggesting that, while traditional masculinity may have been adaptive historically, it is no

longer useful (e.g., Levant & Brooks, 1997; Brooks, 1998). Some (e.g., see Goldberg,

1976; Hagan, 1992; & Pleck & Sawyer, 1974 for review) have gone so far as to call for an

in-depth review of masculinity, as opposed to a continued assumption that it is a collection

of "global personality traits that [are] socially desirable in this culture" (Good, Wallace, &

Borst, 1994, p. 4). This discussion will focus on the growing body of literature which

shares this viewpoint.

The theories of gender role strain (Pleck, 1981, 1995) and gender role conflict

(O'Neil, 1981a, 1981b) are among the first to examine the construct of masculinity in a

more critical light. This examination has identified several assumptions which seem to indicate that there are a number of dysfunctional aspects to masculinity. Those assumptions (e.g., O'Neil, 1981a, 1981b) include:

1) Power, dominance and control are necessary features in proving one's masculinity.

2) Emotions, and the expression of vulnerability, are considered feminine weaknesses and therefore should be avoided.

3) Cognitive, as opposed to affective, communication is superior. Interpersonal interactions which emphasize human emotions, physical contact, and feelings are feminine and should be avoided.

4) Work and career success are measures of one's masculinity and self-worth.

5) One should be competitive with other males. Thus, intimacy, and by extension the expression of vulnerability, between males should be avoided.

6) Sexual prowess, not intimacy, in the primary means through which one proves themselves masculine.

7) Men are very different and superior to women in career abilities. Therefore, men's primary career role is that of economic provider and the women's primary role is that of homemaker.

While the impact of these assumptions on society in general, and women in particular, has been well documented (e.g., see Koss, Goodman, Browne, Fitzgerald, Keita, & Russo, 1994, as well as Levant & Brooks, 1997, for reviews), it is only recently that the medical and psychological communities have begun examining the impact these assumptions have on men. For example, over-adherence to these assumptions by men have been linked to increased rates of heart problems, lung problems, ulcers, liver diseases and cancer (e.g., Eisler, 1995; Levant, 1995; Lips, 1997). Men are also more likely to smoke cigarettes, abuse alcohol and drugs, commit murder, and commit suicide than are women (see Brooks, 1998 for review). Male violence against women continues to be a problem for our society (e.g., Koss, Goodman, Browne, Fitzgerald, Keita, & Russo, 1994), and the number of 'deadbeat dads' increase yearly (e.g., Booth & Crouter, 1998). Clearly, there is evidence to support the assertion that many aspects of traditional masculinity have negative consequences for men, just as they have for society in general.

Gender Role Strain

Pleck (1981) felt that over-adherence to the traditional assumptions that surround the concept of masculinity helped to further the patriarchal nature of society, and also were responsible for many of the emotional and physical problems faced by, and also denied by, men. Further, he felt that the constraints placed on men by these assumptions led to many of the problems faced by both men and women into adolescence and adulthood (Pleck, 1981). In short, Pleck (1981, 1995) concluded that the historical culturally defined role of 'masculinity' is not positive for men in contemporary society. Further, he questioned the

conclusion that certain features of masculinity were innate and necessary for healthy male development.

Pleck therefore proposed the construct of 'gender role strain' (GRS; Pleck, 1981, 1995). GRS assumes that gender roles are: (a) defined more by gender stereotypes than by physical sex; (b) are inconsistent and contradictory, and (c) are violated by many men because of the demands of specific environmental requirements. He summarized his theory under three headings; gender role discrepancy, gender role trauma, and gender role dysfunction.

Gender role discrepancy

Gender roles entail both standards and expectations that specific individuals are not always able to meet (Pleck, 1981; 1995). Accordingly, the first concept, gender role discrepancy, refers to the idea that a significant portion of males will fail to fulfill the expectations of the traditional male role. Research exploring this concept assumes that all males experience some degree of gender role discrepancy (e.g., Eisler, 1995). For example, Deutsch and Gilbert (1976) found that the degree of discrepancy between one's description of oneself and a description of an 'ideal man' was negatively correlated with measures of self-esteem. As the degree of discrepancy increased, feelings of self-esteem plummeted (Deutsch & Gilbert, 1976). Additionally, men reporting higher levels of gender role discrepancy were more prone to anger and anxiety (Eisler, Skidmore, & Ward, 1988). Overall, Pleck (1981; 1995) concluded that those increased levels of psychological distress were the result of the perceived differences between the defined male role and one's actual

self (Goffman, 1963; Pleck, 1981; 1995). However, while gender role discrepancy has been demonstrated to be related to increased levels of anger, anxiety, homophobia, high-risk behaviors, and health problems (e.g., Eisler, 1995; O'Neil et al., 1986; O'Neil, Helms, Gable, Stillson, David, & Wrightsman, 1984; Pleck, 1995) this line of research has been plagued with low measure reliability and inconsistent findings (e.g., O'Neil, Good, & Holmes, 1995).

Gender role trauma

The second major concept underlying gender role strain is gender role trauma. According to Pleck (1981, 1995), even if one is successful in meeting all of the expectations all of the time, the very process by which those expectations are socialized is traumatic. Young boys are often shamed into aggressive behaviors, into denying their emotionality, and avoiding anything remotely 'feminine' (Brooks, 1990; Lips, 1997; Levant & Brooks, 1997; Levant & Pollack, 1995; Pleck, 1995; Pollack, 1992) for fear of being labeled queer or gay (e.g., Best, 1983). Such shame would account for the fact that some males seem over committed to their masculinity (e.g., Bem, 1981), and therefore are unable to adapt their behaviors to the demands of specific situations. For example, Pollack (1998) has argued that the recently publicized school shootings are partly the result of society's push to separate boys from their mothers (and their mothers feminine behaviors) at a very young age. This results in the child's reliance on more primitive behaviors, such as aggression and violence, both in an attempt to meet that masculine ideal while at the same time crying out for help in healing the hurt caused by the early separation. Crick and

Dodge (1994) would go one step further; suggesting that this type of reliance disallows young men from benefitting from social interactions in that they are unable to learn more adaptive behaviors and coping styles. This results in their falling even farther behind their peers with regards to more adaptive social abilities.

Gender role dysfunction

Finally, the third major subtype of gender role strain is gender role dysfunction. In this case, fulfillment of the male gender role expectations can have negative consequences for everyone because the socialized behaviors themselves are inherently problematic. For example, according to Pleck (1981; 1995), men often deny their own emotionality, compete against other men, engage in aggressive behaviors, separate sex from emotions, distance themselves from their spouses and their children, put their job above all else, and assume that they are above feeling pain in their rush to meet the expectations set before them by the construct known as masculinity (e.g., Brooks, 1990; Lips, 1997; Levant & Brooks, 1997; Levant & Pollack, 1995; Pleck, 1995; Pollack, 1992).

One area in which this has been explored has been parenting (e.g., Pleck, 1995). Pleck demonstrated that the low paternal involvement prescribed by traditional masculinity is associated with decreased levels of martial success, decreased occupational mobility, poorer child performance on measures of educational and occupational success (Snarey, 1993), higher levels of psychological distress (Barnett, Marshall, & Pleck, 1992), and lower levels of well being (Pleck, 1985; see Pleck, 1995 for review). From these studies, Pleck (e.g., 1995) draws the conclusion that when men conform to this particular

male role expectation by being less involved in their family they pay a severe price. However, at the same time Pleck (1981; 1995) has been criticized for not examining possible moderating variables such as a man's desire to be a parent and/or their self-efficacy at parenting tasks.

Gender Role Conflict

A more recent theory dealing with the negative aspects of masculinity is gender role conflict (GRC; O'Neil et al., 1986). While Pleck's (1981) three aspects of GRS were an important contribution to the study of the male gender role, they did not specify the precise patterns of conflict which occur when discrepancies exist between a man's behaviors and the male gender role (O'Neil, Good, & Holmes, 1995). Even more important, GRS did not explicitly take into account the interaction of person, place, and situation. GRC addressed these issues; exploring the actual impact of adhering to the socialized male role. At the same time, however, GRC draws much of its theoretical base from GRS, in that it embodies many of Pleck's (1981) propositions and provided them with empirical support (O'Neil, Good, & Holmes, 1995).

GRC is a "psychological state in which socialized gender roles have negative consequences on a person or others" (O'Neil, Good, & Holmes, 1995, p. 166). It is the result of ridged, sexist or overly restrictive gender roles interacting with the fluctuations and demands of everyday life. This interaction has two levels of consequence (O'Neil, Good, & Holmes, 1995). First, it devalues the person and those around him, as the inability of an individual to change and adapt to meet the demands of the environment is

often seen as the hallmark of psychopathology (e.g., Maxmen & Ward, 1995). Second, this interaction of ridged and restrictive gender roles also has consequences for society as a whole, in that continued adherence to their behavioral prescriptions limits their potential contribution to our society.

GRC operates on four interactive levels (O'Neil et al., 1986; O'Neil, Good, & Holmes, 1995). The first level is cognitive. Here, conflict arises from the restrictive, stereotypical ways men think about masculine gender roles. For example, many men view housework as women's work. They feel that men should not cry, and that they should tough out life's problems. However, at the same time society no longer provides men with the choice of honoring this way of being; men are expected to contribute. Hence, men often experience conflict.

The second level of gender role conflict is an affective level. Here, a more emotional type of conflict because of the restraints of the masculine gender role. For example, feelings of depression and anxiety are just as common in men as in women (see Maxmen & Ward, 1995, as well as O'Neil, Good, & Holmes, 1995, for review). This is a double-edged sword for men, however, as they are also socialized not to pay attention to such feelings. They therefore begin to see themselves as less of a man, and as the affective level and the cognitive level begin to interact, they think of themselves as worthless and weak. These maladaptive cognitions can then result in increasing affective difficulties.

The third level of gender role conflict is behavioral. Here the conflict is experienced not only as one engages in the prescribed masculine role (e.g., puts work and

achievement ahead of spouse), but also from the consequences arising from it (e.g., spouse divorces him and takes classic car). Further, as the affective and cognitive levels continue to interact, they become increasingly difficult for him to tolerate. He may then engage in maladaptive coping behaviors in order to mask his pain (e.g., O'Neil et al., 1986). For example, drinking, smoking, drug use, and aggressive behaviors are more common in men than in women (e.g., Eisler, 1995; Lips, 1997).

The fourth level of gender role conflict is the unconscious level. This level represents "the intrapsychic and repressed conflicts with masculinity and femininity that are beyond conscious awareness" (O'Neil, Good, & Holmes, 1995, p. 167). For example, a man may have a secret, unacknowledged, desire to stay at home and raise his children. However, as this is contrary to the roles of men, this desire is relegated to an unconscious level. The impact of this unconscious gender role conflict becomes apparent only when it interacts with the three previous levels; often as a result of situational demands.

According to O'Neil, Good, and Holmes (1995), men typically experience GRC in six separate contexts: when they: (a) deviate from or violate masculine gender role norms (Pleck, 1981); (b) try to meet masculine gender role norms, but fail (O'Neil, Good, & Holmes, 1995); (c) experience discrepancy between their real self-concept and their ideal self-concept based on masculine gender role stereotypes; (d) personally devalue, restrict, or violate themselves because of masculine gender role norms (O'Neil, 1990); (e) experience personal devaluation, restriction, or violation because of masculine gender role

norms (O'Neil, 1990); and (f) personally devalue, restrict, or violate others because of masculine gender role norms (O'Neil, 1990; O'Neil, Good, & Holmes, 1995).

The interaction of the four levels of gender role conflict with the six specific contexts in which it typically occurs is highly individualized. However, in general, research has identified three patterns of experience that typically occur (O'Neil, 1990, O'Neil & Egan, 1992). GRC can be experienced internally, as conflict within one's self, perhaps because men do not allow ourselves to violate the prescribed gender role. It can also be experienced as being caused by others, as those around men (or the situations in which they exist) do not allow them to violate the prescribed gender role. Finally, gender role conflict can be experienced toward others, because men may react to being devalued and restricted through violence, aggression, and interpersonal conflict.

Validity of the GRC construct has been determined through positive correlations between it and measures of attitudes toward the male gender role (Good & Mintz, 1990). Specifically, those with greater levels of gender role conflict also saw the male role as more traditional. Further, greater levels of GRC have been correlated with higher levels of traditional masculinity (e.g., Sharpe & Heppner, 1991), and interpersonal rigidity (Mahalik, 1996), as well as increased depression (Good & Mintz, 1990), anxiety (Sharpe & Heppner, 1991), sexual aggression (Kaplin, 1992/93), and levels of distrust, detachment, inhibited, and hostile behaviors (e.g., Mahalik, 1996). GRC is negatively correlated with measures of self-esteem (Sharpe & Heppner, 1991), family cohesion and marital satisfaction (Campbell & Snow, 1992), the likelihood of seeking psychological

help (Good, Dell, & Mintz, 1989; Robertson & Fitzgerald, 1992), emotional expressiveness (e.g., O'Neil et al., 1986; Stillson, O'Neil, & Owen,1991), comfort in intimate situations (e.g., Arnold & Chartier, 1984; Sharpe, 1993; Sharpe & Heppner, 1991), measures of marital satisfaction (Campbell & Snow, 1992), and comfort in assuming a subordinate role (e.g., Chamberlin, 1994).

Regarding the role of a situation in causing GRC, Luhaorg and Zivian (1995) determined that individuals whose gender role and occupation did not match (i.e., masculine individuals in predominantly feminine occupations) experienced greater gender role conflict. While they did not determine if that conflict was present prior to employment, it is possible that having to engage in work behaviors traditionally thought of as 'feminine' produced maladaptive cognitions relating to participant's self-worth. This, in turn, produces feelings of depression and anxiety which need to be ignored because of the shame associated with them. To cope, men may throw themselves into their work, thus putting achievement ahead of their spouse, as this is the accepted way of reacting among men. However, this may have consequences in that the spouse may divorce him. This also has cognitive, affective, behavioral, and unconscious consequence which ensure that the vicious cycle continues.

Supervision

Counseling supervision is defined as a relationship between two or more people whose primary purpose is the development of the supervisee as a professional psychotherapist (e.g., Neufeldt, Beutler, & Banchero, 1997). Supervision provides an

opportunity for the supervisee to "capture the essence of the psychotherapeutic process as it is articulated and modeled by the supervisor" (Holloway, 1992, p. 177) in order to better direct it within the counseling session. This often encompasses not only the development of the supervisee's therapeutic skills, but also the supervissee's growth as a professional psychologist. Such growth includes, but is not limited to, addressing issues of ethics, professionalism, research, transference, over and under identification with clients, and process exploration (e.g., Watkins, 1997).

A considerable amount of research has been conducted on supervision, as it is considered an essential part of training in psychotherapy (e.g., Holloway, 1992; Watkins, 1997). Historically, much of that research has been conducted under the rubric of a developmental model of supervision (e.g., Blocher, 1983); attempting to demonstrate changes in specific elements such as: supervisee skills (e.g., Hill, Charles, & Reed, 1981; Reising & Daniels, 1983; Worthington, 1984); supervisee attributions of the supervisor (e.g., Friedlander & Synder, 1983; Worthington & Stern, 1985); as well as supervisor skills (e.g., Worthington, 1984), and behaviors (Heppner & Roehlke, 1984); over time. Additional research has looked at the roles supervisor and supervisee theoretical orientation (Friedlander, Keller, Peca-Baker, & Olk, 1986), as well as the specific supervision setting (Ward, Friedlander, Schoen, & Klien, 1985), have on the growth of therapeutic competence.

However, Holloway (1987) has criticized the developmental focus of the supervision literature, implying that the formation of the supervisee's professional identity

could not be accounted for by the five primary developmental theories of supervision. She suggested that other underlying factors need to be examined (e.g., Efstation, Patton, & Kardash, 1990; Holloway, 1987), beginning with the supervisor/supervisee relationship. For example, it is possible that the common mechanism of changes in the supervisee is the nature of the relationship between the supervisor and supervisee rather than the overall development of the supervisee.

Additionally, Ellis and Ladany (1997) called the research conducted on supervision to date "substandard...[with] few conclusions [being] justifiable" (p. 492). In their study and review of the supervision research published since 1981, Ellis, Ladany, Krengel, and Schult (1996) determined that the literature consistently (a) equates the findings of poor research with excellent research, (b) contributes to the theoretical ambiguity as opposed to advancing the understanding of the supervisory process, and (c) draws inaccurate conclusions because of an overall tendency to ignore methodological flaws. For example, Ellis et al. (1996) noted that, regarding statistical conclusion validity, 80% of the studies reviewed suffered from inflated Type I or inflated Type II error rates. Further, 60% of the reviewed studies used data that violated the statistical assumptions of the procedures conducted. In terms of internal validity, selection bias and ambiguity of the casual direction hypothesized were threats in 77% and 69% of the studies, respectively. Monomethod bias (79%), confounding of the construct (69%), and inadequate preoperational explication of the construct (69%) were threats to construct validity in the

studies reviewed. These rather severe methodological problems (e.g., Ellis & Ladany, 1997; Ellis, Ladany, Krengel, & Schult, 1996), make firm conclusions difficult.

However, there are some exceptions, as some consistency has been found within the literature. Hansen and Barker (1964) reported that supervisees who rated the quality of the relationship as high also reported more positive learning experiences. More recently, Carey, Williams, and Wells (1988) examined the association between the quality of the supervisory relationship and various measures of social influence and supervisee performance. They reported that supervisee performance was significantly related to the reported quality of the relationship (Carey, et a., 1988). Finally, Kennard, Stewart, and Gluck (1987) conclude that supervisees who reported positive learning experiences in supervision were also rated more positively by their supervisors. Taken together, both these findings and the critique provided by Ellis and Ladany (1997), suggest that although a supervisee's perceptions of the quality of the supervisory relationship may be related to the amount they benefit from supervision, the quality of the supervisory relationship can be affected by many variables that have yet to be determined. Therefore, this section will provide a brief overview of the literature surrounding those aspects of the supervisory relationship relevant to this study.

Supervisory Working Alliance

One important aspect of the supervisory relationship particularly relevant to this study is the supervisor working alliance (e.g., Efstation, Patton, & Kardash, 1990; Ellis & Ladany, 1997). The supervisory working alliance is "that sector of the overall relationship

between the participants in which supervisors act purposefully to influence [supervisees]"

(Efstation et al., 1990, p. 323), and its importance cannot be overemphasized as it directly

impacts the outcome of counselor training. For example, Worthen and McNeill (1996)

called it a "crucial and pivotal component" of supervision. Patton and Kivlighan (1997)

determined that the quality of this supervisory alliance was related to the counseling

supervisees adherence to specific client treatment regimes developed within supervision.

Further, Patton and Kivlighan (1997) demonstrated that the perceived quality of the

supervisory working alliance was also related to the supervisee's client's perceptions of

their therapeutic alliance. Even more important, Ladany, Hill, Corbett, & Nutt (1996)

determined that the more supervisees perceived the quality of the supervisory working

alliance to be negative, the less they were willing to discuss potential damaging material

within supervision.

Bordin (1983) was one of the first to propose that the working alliance was central

to successful supervision; drawing on his work with the nature of the therapeutic

relationship. Simply put, the working alliance is that set of identifiable actions

interactively used by both the supervisors and supervisees in order to achieve specific

goals and facilitate the learning of the supervisee. Bordin (1983) articulated the overall

goals of the supervisory working alliance, and by extension the counseling supervision, in

terms of developing skills within the supervisee. Specifically:

> 1) Mastery of specific skills: Early in the process, the supervisee is likely to
> focus on what exactly to do within the therapy session.

2) Enlarging one's understanding of clients. This involves progressing beyond applying specific procedures within therapy to "deepening one's capacity to understand" (Bordin, 1983, p. 37) the client and their issues.

3) Enlarging one's awareness of process issues. The focus now turns to understanding the underlying process of therapy. Specifically, through the actions of the supervisor, the supervisee begins to become aware of the underlying currents which are present in therapy.

4) Increasing awareness of self and impact on the process. Here the focus is on sensitizing the supervisee to their own feelings and the impact they may be having on the therapeutic process.

5) Overcoming personal and intellectual obstacles toward learning and mastery. Building on the increased understanding of self, the supervisee now begins to develop an understanding of their own baggage that they are bringing to the therapy session.

6) Deepening one's understanding of concepts and theory. According to Bordin (1983) the increased understanding of self and process leads to the supervisee developing an increased awareness of the implications of specific theories and concepts.

7) Provide a stimulus to research. The questions which therapy brings up may provide an avenue for research, and the supervisor should not shy away from directing the training in this direction.

8) Maintenance of standards of service. This goal has two parts. First, it refers to keeping the supervisory working alliance healthy and fresh. This means continuing to work together to achieve excellence even if "adequacy" has been achieved. Second, it refers to the development of a professional identity, and the incorporation of the ethical code of conduct into the supervisee's way of thinking.

However, Bordin (1983) acknowledges that these goals may not be applicable in all settings. Further, while he did articulate a set of goals that counseling supervisors should reach for, he did not specify how these goals could be accomplished. Efstation et al. (1990), in their survey of 614 internship training directors, identified supervisor behaviors which facilitate the development of the working alliance and, in turn, the achievement of the overall goals of supervision. Specifically, the training directors felt that having supervisors (a) work toward developing rapport between the supervisor and the supervisee, (b) focus on working with the supervisee to identify their clients issues, and (c) working with the supervisee to help them understand the clients issues were the tasks which underlie a successful working alliance.

Supervisory Style

Another important aspect of supervision relevant to this study is the style of the supervisor. Supervisory style refers to the supervisor's distinctive manner of approaching and responding to supervisees (e.g., Friedlander & Ward, 1984). This definition emphasizes the interpersonal and relationship aspects of supervision, as opposed to the

more technical aspects, in order to distinguish supervisory style from supervisor role (e.g., Bernard, 1979; Hess, 1980). Even more importantly, these interpersonal, relationship aspects of supervision are seen as critical to its success, just as are they are in successful psychotherapy (e.g., Ekstein & Wallerstein, 1972; Friedlander & Ward, 1984).

Unfortunately, supervisory style is a nebulous term (e.g., Neufeldt, Beutler, & Banchero, 1997). One review asserted that "all empirical descriptions of supervisory behavior fall within the style category" (Neufeldt et al., 1997, p. 514). Early attempts to examine this construct demonstrated that task-oriented, active, didactic supervision was preferred by beginning therapists (e.g., Holloway & Wolleat, 1981; Nelson, 1978; Worthington & Roehlke, 1979). It seems as if novice supervisees want to be taught how to counsel via modeling and didactic instruction (e.g., Neufeldt et al., 1997). As they progress in their clinical acumen, however, supervisees want to be supported as they try out their new skills. This seems to indicate that, as supervisees develop the basic clinical skills, they tend to want their supervisors to employ a more supportive, experiential approach in supervision (Kruase & Allen, 1988; Worthington, 1987). Supervisory styles tend to be deferentially related to supervisees level in that supervisors are more task-oriented with beginners and more interpersonally sensitive with intern levels supervisees (e.g., Lochner & Melchert, 1997).

Supervisor theoretical orientation can be considered a crucial aspect of supervisor style (Holloway, 1992). Highly task-oriented supervisors tend to be preferred by supervisees who endorse a cognitive behavioral orientation, while a highly interpersonal

style is preferred by those supervisees endorsing a humanistic or psychodynamic orientation (e.g., Holloway, 1992; Watkins, 1997). However, there has been no consistent conclusion about which theoretical orientation is the most effective. Goodyear, Abadie, and Efros (1984) found that supervisors from different theoretical orientation were rated differently on measures of interpersonal sensitivity, supervisory focus, and their perceptions of the role of supervisor. However, this finding may have been confounded by the interaction of supervisee/supervisor theoretical orientation (e.g., Ellis & Ladany, 1997). It is possible that those supervisees with a more affective orientation rate supervisors with a similar orientation more positively. Further, theoretical similarities between supervisor and supervisee lead to more positive recollections of the experience (Kennard, Stewart, & Gluck, 1987).

The matching of supervisor/supervisee characteristics and attitudes has also been the subject of much research, possibly because of the difficulty defining supervisor style. Hester, Weitz, Anchor, & Roback (1976) examined the impact of attitude similarity of supervision outcome, but concluded that experience level of the supervisor was a stronger predictor of outcome. This finding was echoed by Lemons and Lanning (1979), who reported that a similarity in value systems was not related to satisfaction with supervision. However, more recently Kennard, Stewart, & Gluck (1987) reported that a theoretical similarity between the supervisee and supervisor did predict satisfaction with supervision. However, it is possible that this conclusion was confounded by the fact that entry supervisees tend to adopt the theoretical orientation of their supervisor.

As with the supervisory working alliance, the supervisory style appears to be a crucial variable in counselor supervision. Despite definitional problems, supervissee positive perceptions of their supervisor's style is associated with positive outcomes for supervision (e.g., Neufeldt et al., 1997). These outcomes, in turn, are modestly associated with positive therapeutic outcomes for the supervissee's clientele (e.g., Lambert & Ogles, 1997). Even more importantly for counseling training, however, is the fact that the reverse of this overall relationship is true. For example, supervisees were less forthcoming with their supervisors when they perceived their style to be non-affirming, unsupportive, interpersonally insensitive, and less task oriented. This level of non-disclosure is hypothesized to have a negative impact on the overall outcome of supervision (e.g., Ladany et al., 1996; Lambert & Ogles, 1997), and a potential negative impact on clients.

Gender

Supervisor gender can be considered a part of the supervisory relationship relevant to the current study because each participant brings to the supervision the product of their gender socialization (e.g., Lips, 1997). However, supervisor gender has not been empirically demonstrated to be a consistent predictor of successful supervision (e.g., Heppner, 1995; Holloway, 1992) despite the significant attention paid to it as a theoretical variable. However, it has been shown to be related to other variables such as experience level (Robyak, Goodyear, & Prange, 1987; Robyak, Goodyear, Prange, & Donham, 1986) and preference for interpersonal power bases (Robyak, et al., 1987) which do in turn predict successful outcome. Additionally, same-sex supervisory dyads tend to report better

interpersonal relationships then mixed-sex supervisory dyads (Worthington & Stern, 1985). Finally, female supervisors are more likely to use an empower interactional style than are male supervisors, in particular when paired with female supervisees (Nelson & Holloway, 1990). Dodenhoff (1981) concluded that supervisees who were attracted to their supervisors reported a more positive experience.

Supervisee gender, much like the gender of the supervisor, has not been a consistent factor in supervision (Holloway, 1992; Russell, Crimmings, & Lent,1984). For example, Worthington and Stern (1985) concluded that male supervisees reported having a better relationship with male supervisors than did female supervisees and supervisors. Robyak, Goodyear, Prange, and Donham (1986) examined the interaction of gender and experience level on preferences for using particular types of power. Supervisee gender was not a significant predictor (Robyak et al., 1986). Many studies have used this as a variable, but have yielded inconsistent results, (Heppner, 1995; see Nelson, 1993 for review), leading to the conclusion that supervisee gender in and of itself does not contribute much to supervision outcome.

<div align="center">Counseling Self-Efficacy</div>

Bandura (1977, 1982, 1986) labeled self-efficacy as a "generative capability in which multiple subskills must be flexibly orchestrated in dealing with continually changing realities [which] often contain ambiguous, unpredictable, and stressful elements" (Bandura, 1984, p. 233). Specifically, Bandura (1977, 1982, 1986) asserted that people's judgements about their own capability to preform in given situations that partly determines

their behavioral, affective, and cognitive reactions to incoming stimuli. Thus, this perceived self-efficacy mediates between what people know how to do and what they actually do. It is included in this review because of its importance as a dependent variable. The general theory will be discussed first, followed by the research which supports it.

Self-efficacy theory (e.g., Bandura, 1977, 1982, 1986) articulates four sources of information that may increase or decrease an individual's sense of self efficacy: (a) performance enactment, that is performing a specific behavior successfully; (b) vicarious learning, that is observing a model successfully perform a specific behavior; (c) verbal persuasion, that is listening to someone explain how to perform a specific behavior; and (d) emotional arousal, that is anxiety that moderates the learning process.

Bandura (1977, 1982, 1986) argued that performance enactment is the strongest source of change, and traditionally this has been how self-efficacy was measured. Participants are asked to rate how confident they are at specific tasks before and after task completion. Such measurement technology, and by extension self-efficacy theory, has been applied to the examination of many "complex and diffuse behaviors" (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992, p. 106; see Hergenhahn, 1997 and Kirsch, 1986 for reviews).

Several studies have begun applying self-efficacy theory to the training of counselors (e.g., see Larson & Daniels, 1998 for review). Counselors are expected to be effective in session with their clients, and to be effective counselors must be able to coordinate and continuously improve multiple subskills, at multiple levels, in order to

effectively manage to ever-changing therapeutic environment (Larson & Daniels, 1998).

Much of this coordination is governed in part by the counselors perceived self-efficacy.

For example, both Munson, Zoerink, and Stadulis (1986), as well as Munson, Stadulis,

and Munson (1986) demonstrated that brief skill training in basic counseling skills

increased beginning-level counselor's performance as well as their reported self-efficacy.

Friedlander and Snyder (1983) related self-efficacy to participants attitudes and

expectations about their supervisors attributes and roles. They demonstrated that

supervisees expected supervisors to be more trustworthy than expert, more expert than

attractive, and more evaluative than supportive as their feelings of self-efficacy increased.

Sipps. Sugden, and Faiver (1988) demonstrated that participants perceived self-efficacy

was related to counselor training level and outcome expectations. Simply put, self-efficacy

increased in conjunction with participants' level of training and outcome expectations.

Overall, self-efficacy has been demonstrated to relate to counselor anxiety, counselor

performance, therapeutic outcome, and the nature of the supervision environment (e.g.,

Larson & Daniels, 1998).

<u>Summary and Interpretation</u>

Gender schema theory (Bem, 1981) asserts that as children interact with their

environment they develop cognitive schemas made up of material associated with the

cultural definition of their biological sex. Children therefore learn that, of the many

possible dimensions of human personality, only those applicable to his or her own sex are

eligible for organizing incoming data and interpreting the world. Thus, gender stereotypes

may become reality, as children "match [their] preferences, attitudes, behaviors, and personal attributes against the prototypes stored within it" (Bem, 1981, p. 355). A child whose upbringing strongly emphasized the traditional cultural aspects of "masculinity" would therefore be more prone to processing information congruent with a traditionally masculine schema than would someone whose upbringing de-emphasized the traditional cultural aspects of masculinity.

However, certain aspects of this traditionally masculine schema have been demonstrated to be harmful to society in general, and to men specifically. For example, the masculine ideal of restricted emotionality has been associated with increased depression, anxiety, and interpersonal conflict in men (see Levant & Pollack, 1995 for review). Overall, it seems as if men restricting their tender emotions experience psychological distress as a result of the conflict between this behavior and the demands placed on men today. Furthermore, engagement in this behavioral pattern on the part of male counselors is related to increased difficulty with non-traditional male clients, diagnostic inaccuracy with non-traditional male clients, and an overall biased treatment of emotional clients in general, and emotional male clients specifically (e.g., Counoyer & Mahalik, 1995; Good et al., 1995; Sharpe & Heppner, 1991; Wisch & Mahalik, 1999). Therefore, perhaps specific these aspects of masculinity, while once potentially adaptive, have outlived their usefulness as they seem to interfere with an individuals functioning through increased conflict between the demands of socialization and the demands of reality.

Because of the potential for client harm associated with increased levels of restricted emotionality, addressing it early during counselor training would seem essential (e.g., APA, 1992). It is possible that one specific aspect of counselor training - supervision - would be negatively impacted by restricted emotionality. Supervision could be considered an intensive, interpersonal relationship, and men experiencing increase levels of restricted emotionality have difficulty in such situations (e.g., Brooks, 1998). It is possible that the combination of dealing with interpersonal relationship issues, professional development issues, one's own emotions, and the emotions of the client, could force a male counselor's to rely more on more ingrained behaviors (e.g., Mahalik, Cournoyer, DeFranc, Cherry, & Napolitano, 1998) such as those learned early in the socialization process.

Unfortunately, the supervision literature provides little clarification of this possibility. While much of that research has attempted to demonstrate changes in specific elements over time, Ellis and Ladany (1997) called the overall body of supervision literature"substandard...[with] few conclusions [being] justifiable" (p. 492). At best, the literature has succeeded in demonstrating only global factors which influence the outcome of supervision (Ellis & Ladany, 1997; Ellis, Ladany, Krengel, & Schult, 1996). Factors such as the quality of the supervisory working alliance, and a supervisee's satisfaction with supervision have been consistently related to successful supervision. However, research on supervision has not been able to identify the role potential moderating variables, such as

supervisor/supervisee theoretical orientation or supervisor/supervisee gender, play in the eventual outcome of supervision.

One potential explanation for this failure is that, to date, the literature has focused primarily on observable characteristics such as gender while ignoring more psychological characteristics such as gender role. Wisch and Mahalik (1999) asserted that "therapists undergo the same gender role socialization as do their clients" (p. 51), implying that male therapists are not immune to the experience of gender role conflict (e.g., Mintz & O'Neil, 1990). In fact, developing male therapists may actually experience a more intense struggle with their gender role, as both Luhaorg and Zivian (1995), as well as Tokar and Jome (1998), determined that individuals whose gender role orientation did not match their current occupation (i.e., masculine individuals in a stereotypical feminine occupation) experienced greater GRC. The intense, interpersonal nature of the supervisory relationship has led some researchers to conceptualize it as a working alliance, similar to that which occurs in successful psychotherapy (e.g., Bordin, 1983; Efstation, Patton, & Kardash, 1990; Holloway, 1992). It is possible that a factor such as restricted emotionality could be interfering with supervision outcome, given the intense, interpersonal nature of the relationship. Therefore, this study examined the impact the GRC pattern known as restricted emotionality has on counselor supervision. Restricted emotionality was selected because it was most likely to interact with the emotional nature of both counseling (e.g., Heesacker & Bradley, 1997) and psychotherapy supervision (e.g., Holloway, 1992).

CHAPTER 3
METHOD

The purpose of this research was twofold. First, I examined the overall impact of male supervisee's restricted emotionality on three aspects of their counseling supervision: (a) their reported satisfaction with supervision; (b) their feelings of self-efficacy as a counselor; and (c) their perception of the supervisory working alliance. This impact was measured by a series of correlational analyses.

Second, I examined the impact of the interaction of male supervisee's restricted emotionality, and the supervisor's specific supervisory style, in relation to three aspects of their counseling supervision: (a) their reported satisfaction with supervision; (b) their feelings of self-efficacy as a counselor; and (c) their perception of the supervisory working alliance. This impact was measured by a series of multiple regression analyses.

Psychology practicum students and psychology interns, at APA accredited internship sites, were asked to participate in this study. They were mailed a questionnaire measuring their levels of gender role conflict, their satisfaction with supervision, their self-efficacy as a counselor, their perceptions of the supervisee/supervisor working alliance, and the supervisory style of their current supervisor.

Participants

Internship sites.

Two hundred and sixteen of the 540 psychology internship sites listed in the 1998-99 edition of the Association of Psychology Postdoctoral and Internship Centers directory (APPIC, 1998) were randomly selected to participate in this study. Of these 216, 134 returned an enclosed postcard indicating that they had distributed the study materials to their male interns and male practicum students. Three packets were returned as undeliverable, and two were returned with a note from the training director stating they had no male interns or practicum students. This resulted in a site return rate of 63%. Of these 134 sites, 32 (24%) were university-based counseling centers, 51 (38%) were medical centers and/or veterans's hospitals, and 51 (38%) were independent, outpatient clinics.

Interns and/or practicum students.

The 134 internship sites who responded indicated that they had distributed the study materials to 253 male interns and/or practicum students. Of those 253 packets, 103 were returned, for an individual return rate of 41%. Ninety-three of these participants were Caucasian (90.3%), nine were Hispanic American (8.7%) and one was African American (1.0%). The mean age of these participants was 33.3 ($\underline{SD}$ = 7.4) years, and their average amount of counseling experience was 43.1 ($\underline{SD}$ = 38.7) months.

Forty-nine (47.6%) of the respondents were working toward their Doctor of Philosophy (Ph.D.) degree, while fifteen (14.6%) were working toward their Doctor of

Psychology (Psy.D.) degree. Thirty-five (34%) of the respondents reported that they were working toward a Masters degree. Additionally, forty-seven (45.6%) of the respondents reported that they were currently at a medical center training site. Thirty-one (30.1%) of the respondents reported that they were at a counseling center, and seventeen (16.5%) reported that they were being trained at an outpatient clinic. Eight (7.8%) of the participants did not respond to the question.

Twenty-eight (27.2%) reported their concentration was in counseling psychology, while 54 (52.4%) reported a concentration in clinical psychology. Finally, two (1.9%) respondents reported that their degree concentration was school psychology, and seventeen (16.5%) did not respond to the question. Regarding their theoretical orientation, 41 (39.8%) of the respondents described themselves as cognitive behavioral. Thirty-two (31.1%) described themselves as psychodynamically oriented, and ten (9.7%) described themselves as humanistic. Twenty (19.4%) described their theoretical orientation as eclectic.

These 103 participants also provided data regarding their current or most recent supervisor. Fifty-eight (56.3%) of the supervisors described were male, and 45 (43.7%) were female. Ninety-two (89.3%) of the supervisor described were Caucasian. Eight (7.8%) were African American, and three (2.9%) were Hispanic American. The average age of the supervisors was 45.6 ($\underline{SD}$ = 8.8) years, and the average length of supervision experience was 119.4 ($\underline{SD}$ = 106.6) months.

Eighty-six (83.5%) of the supervisors described were reported to have their Doctor of Philosophy (Ph.D.) degree. Thirteen (12.6%) were reported to have their Doctor of Psychology (Psy.D.) degree. Two (1.9%) of the supervisors were reported to have their Masters degree, and two (1.9%) were reported to have a medical degree (M.D.). Sixty-two (60.2%) of the supervisors were reported to have a concentration in clinical psychology, while thirteen (12.6%) were reported as having a concentration in counseling psychology. One (1.0%) supervisor was described as having a concentration in school psychology. The concentration of twenty-five (24.3%) of the supervisors was not reported.

The respondents also provided data regarding the theoretical orientation of their supervisors. Thirty-eight (36.9%) of the supervisors were psychodynamic, 34 (33%) were cognitive behavioral, and one (1%) was humanistic. Twenty-six (25.2%) of the supervisors were described as having an eclectic orientation.

<div align="center">Measures</div>

Demographics.

The Personal Data Sheet (PD) was developed for this study to obtain information about participants' gender, age, race, current training setting, months of counseling experience, degree, concentration, and theoretical orientation. Additionally, the PD contains questions about the respondents' current or most recent supervisor, including their age, gender, race, years of experience, and theoretical orientation.

Gender role conflict.

The Gender Role Conflict Scale (GRCS-I: O'Neil, Helms, Gable, David, & Wrightsman, 1986) is a measure of men's reactions to the inconsistent and unrealistic gender role expectations they face. It consists of 37 items divided into four subscales. The first subscale (Success, Power, and Competition - 13 items), refers to the degree to which the respondent reports persistent worries about "personal achievement...obtaining authority...or comparing themselves to others"(O'Neil, Good, & Holmes, 1995, p. 174). A sample item is "Moving up the career ladder is important to me." The second subscale (Restrictive Emotionality - 10 items), refers to the degree to which the respondent acknowledges "fears about expressing ones feelings" (O'Neil, Good, & Holmes, 1995, p. 176), as well as difficulty dealing with the feelings of others. A sample item is "Telling my partner about my feelings for him/her during sex is difficult for me." The third subscale (Restrictive Affectionate Behavior Between Men - 8 items) refers to the degree to which the respondent acknowledges difficulties "expressing his feelings and thoughts with other men" (O'Neil, Good, & Holmes, 1995, p. 176). A sample item is "Hugging other men is difficult for me." Finally, the fourth subscale (Conflict Between Work and Family Relations - 6 items) refers to the degree to which the respondent acknowledges "difficulties balancing work, school, and family relations" (O'Neil, Good, & Holmes, 1995, p. 176). A sample item is "My needs to work or study keep me from my family and leisure more than I would like."

Respondents rate their agreement with each item on a six-point Likert scale (1 = "strongly agree" to 6 = "strongly disagree"). The scale is reverse scored, so that higher subscale scores indicate greater degrees of conflict resulting from an over-adherence to that specific aspect of the male role.

Principal components factor analysis indicates that the GRCS-I taps four factors, corresponding to the four subscales, which accounted for 36% of the total variance (O'Neil et al., 1986; O'Neil, Good, & Holmes, 1995). For the Success, Power, and Competition subscale, each item had a factor loading of .43 or higher. For the Restricted Emotionality subscale, each item had a factor loading of .35. For the Restricted Affectionate Behavior Between Men subscale, each item had a factor loading of .48 or higher. Finally, for the Competition Between Work and Family subscale, each item had a factor loading of .45 or higher. More recent research indicates that the four factor interpretation of the GRCS-I put forth by O'Neil et al. (1986) is correct, Tucker-Lewis fit index = .760; Chi Square [623, $\underline{N}$ = 535] = 1, 590, $\underline{p} \le .001$ (Good, Robertson, O'Neil, Fitzgerald, Stevens, DeBord, Bartels, & Braverman, 1995).

Original development of the GRCS-I indicated that the Success, Power, and Competition subscale had an alpha of .85, and a four-week test-retest reliability of .84. The Restricted Emotionality subscale had an alpha of .82, and a four-week test-retest reliability of .76. The Restricted Affectionate Behavior Between Men subscale had an alpha of .83, and a four-week test-retest reliability of .86. Finally, the Competition Between Work and Family subscale had an alpha of .75, and a four-week test-retest reliability of .72.

More recent studies which have calculated internal consistencies for the GRCS-I have been summarized by O'Neil and Owen (1994). They report that, across eleven studies, the Success Power, and Competition subscale had an average alpha of .86, the Restricted Emotionality subscale had an average alpha of .84, the Restricted Affectionate behavior Between Men subscale had an average alpha of .84, and the Competition Between Work and Family subscale had an average alpha of .80. Further, the average alpha across studies for the GRCS-I total score was .88 (O'Neil, Good, & Holmes, 1995; O'Neil & Owen, 1994).

For the sample used in this study, the Success, Power, and Competition subscale had an alpha of .81. The Restricted Emotionality subscale had an alpha of .92. The Restricted Affectionate Behavior Between Men subscale had an alpha of .90, and the Competition Between Work and Family subscale had an alpha of .86. Additionally, for this sample the GRCS-I had an internal consistency of .91.

Validity of the GRCS-I has been established (e.g., Good, Robertson, O'Neil, Fitzgerald, Stevens, DeBord, Bartels, and Braverman, 1995). Convergent validity of the GRCS-I has been established through positive correlations between scores on it and scores on measures of masculinity (Sharpe & Heppner, 1991), interpersonal rigidity (Mahalik, 1996), measures of traditional attitudes toward the male role (Good & Mintz, 1990), depression (Good & Mintz, 1990) anxiety (Sharpe & Heppner, 1991), and sexual aggression (Kaplin, 1992/93). Further, high scores on the GRCS-I have been demonstrated to be negatively correlated with to measures of marital satisfaction (Campbell & Snow,

1992), attitudes toward the profession of psychology (Good, Dell, & Mintz, 1989), and the likelihood of seeking psychological assistance (Robertson & Fitzgerald, 1992).

Supervisor style.

The Supervisory Styles Inventory - Trainee Version (SSI-T; Friedlander & Ward, 1984) is a measure of the supervisee's perceptions of their supervisor's distinctive style of implementing supervision. The supervisee version of this measure consists of 25 items divided into three subscales. The first subscale (Attractive - 7 items), refers to the collegial dimension of supervision. Sample items are "friendly" and "warm." The second subscale (Interpersonally Sensitive - 8 items) refers to the degree to which the respondent reports their supervision reflected an interpersonal, relationship focused style. Sample items are "invested" and "perceptive." The third subscale, (Task Oriented - 10 items) refers to the degree to which the respondent reports their supervision reflected a content-focused style. Sample items are "structured" and "concrete."

Individuals rate their "current or most recent supervisor's style of supervision" on a 7-point Likert scale (1 = "not very" to 7 = "very"). Subscale responses are then summed and standardized by dividing the total score by the number of items (Friedlander & Ward, 1984). Higher subscale scores indicate that the respondents current or most recent supervisor exhibited the given characteristics.

Principal components factor analysis indicates that the SSI-T conformed best to a three-factor solution, which accounted for 53% of the total variance (Friedlander & Ward, 1984). For the Attractive subscale, each item had a factor loading of .50 or greater. For the

Interpersonally Sensitive subscale, each item had a factor loading of .39 or greater. Finally, for the Task Oriented subscale, each item had a factor loading of .48 or greater. More recent research (e.g., Efstation, Patton, & Kardash, 1990) supports the three-factor solution established by Friedlander and Ward (1984).

Additionally, according to Friedlander and Ward (1984), the Attractive subscale had alphas of .93 and .89 across two studies, as well as a two-week test-retest reliability of .94. The Interpersonally Sensitive subscale had an alpha of .88 across two studies, as well as a two-week test-retest reliability of .91. The Task Oriented subscale had alphas of .84 and .85 across two studies, as well as a two-week test-retest reliability of .78. Finally, the overall SSI-T score yielded alphas of .91 and .89 across two studies, as well as a two-week test retest reliability of .92. More recent research shows that the Attractive subscale had an alpha of .81, the Interpersonally Sensitive subscale had an alpha of .75, and the Task Oriented subscale had an alpha of .85 (Efstation, Patton, & Kardash, 1990).

For this sample used in this study, the Attractive subscale had an alpha of .95, the Interpersonally Sensitive subscale had an alpha of .93, and the Task Oriented subscale had an alpha of .92. Overall, the SSI-T had an alpha of .93 for this sample.

Friedlander and Ward (1984) also reported the initial establishment of convergent validity through correlations between the three subscales of the SSI-T and the three composite variables from Stenack and Dye's (1982) Teacher, Counselor, Consultant measure. Supervisors scoring high on the Task Oriented subscale were also more likely to be described as teachers as opposed to counselors (Friedlander & Ward, 1984). Further,

those supervisors who scored high on the Interpersonally Sensitive subscale were more likely to be described as counselors, and their supervision more likely to exhibit Attractive characteristics (Friedlander & Ward, 1984). More recent research shows that SSI-T scores were positively correlated with measures of the quality of the supervisory working alliance (Efstation, Patton, & Kardash, 1990). Additional research supports the psychometric properties of the SSI-T (e.g., Efstation, Patton, & Kardash, 1990; Holloway, 1992; Ladany, Hill, Corbett, & Nutt, 1996).

Regarding validity data from this sample, scores on the Attractive subscale were positively correlated with counseling self-efficacy (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992), $\underline{r}$ = .25, $\underline{n}$ = 103, $\underline{p}$ = .01, satisfaction with supervision (Ladany, Hill, Corbett, & Nutt, 1996), $\underline{r}$ = .69, $\underline{n}$ = 103, $\underline{p}$ < .01, and positive perceptions of the supervisory working alliance (Efstation, Patton, & Kardash, 1990), $\underline{r}$ = .80, $\underline{n}$ = 103, $\underline{p}$ < .01. Scores on the Interpersonally Sensitive subscale were also positively correlated with counseling self-efficacy (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992), $\underline{r}$ = .225, $\underline{n}$ = 103, $\underline{p}$ < .01, satisfaction with supervision (Ladany, Hill, Corbett, & Nutt, 1996), $\underline{r}$ = .83, $\underline{n}$ = 103, $\underline{p}$ < .01, and positive perceptions of the supervisory working alliance (Efstation, Patton, & Kardash, 1990), $\underline{r}$ = .74, $\underline{n}$ = 103, $\underline{p}$ < .01. Finally, scores on the Task Oriented subscale were positively correlated with satisfaction with supervision (Ladany, Hill, Corbett, & Nutt, 1996), $\underline{r}$ = .41, $\underline{n}$ = 103, $\underline{p}$ < .01, and positive perceptions of the supervisory working alliance (Efstation, Patton, & Kardash, 1990), $\underline{r}$ = .42, $\underline{n}$ = 103, $\underline{p}$ < .01. Simply put, the more supervisees in this study perceived their supervisors to exhibit

these characteristics, the greater their feelings of self-efficacy, the more positive their perceptions of the supervisory working alliance, and the greater their satisfaction with supervision.

Supervision working alliance.

The <u>Supervisory Working Alliance Inventory - Trainee Version</u> (SWAI-T; Efstation, Patton, & Kardash, 1990) is a measure of the supervisee's perceptions of factors considered essential to an effective supervisory relationship. The supervisee version consists of 19-items dived into two separate subscales. The first subscale (Rapport - 12 items), refers to the effectiveness of the supervisory in developing rapport with the supervisee by encouraging and supporting them. A sample item is "I feel comfortable working with my supervisor." The second subscale (Client Focus - 7 items), refers to the emphasis supervisors placed on understanding the client and their issues. A sample item is "My supervisor helps me work within a specific treatment plan with my clients." Respondents rate each item on a 7-point Likert scale (1 = "almost never" to 7 = "almost always"). Higher scores on the respective subscales indicate the degree to which the supervisory relationship of the respondent provides the essential criteria.

Principal components factor analysis yielded a two-factor solution underlying the SWAI-T, corresponding to the two subscales, which accounted for 38% of the variance (Efstation, et al., 1990). For the Rapport subscale, each item had a factor loading of .40 or greater. For the Client Focus subscale, each item had a factor loading of .50 or greater.

According to Efstation, Patton, and Kardash (1990), item-total correlation for the Rapport subscale ranged from .44 to .77 across two studies. The Client Focus subscale item-to-total correlations ranged from .37 to .53 across two studies. Cronbach's alpha for the Rapport and Client Focus subscales of the supervisee version were .90 and .77, respectively. For this sample, the Rapport subscale had an alpha of .95, and the Client Focus subscale had an alpha of .83. Holloway (1992) called the SWAI-T a "valuable resource in uncovering the different (characteristics) in the (supervisory) relationship" (p. 195). The SWAI had an alpha of .95 for this sample.

Convergent validity, as reported during initial development by Efstation et al., (1990), was established via correlations between the SWAI-T and other measures of the supervisory process such as the Supervisory Styles Inventory - Supervisee Version (SSI-T; Friedlander & Ward, 1984). For example, the Client Focus subscale of the SWAI-T evidenced moderate correlations with the Task Oriented subscale of the SSI-T (R = .52), the Attractive subscale (R = .40) and the Interpersonally Sensitive (R = .51). Further, the Rapport subscale of the SWAI-T evidence moderate correlations with two of the subscales of the SSI-T (Attractive r = .78; Interpersonally Sensitive r = .66). Further, there was a small but statistically significant correlation between scores on the Rapport and Client Focus subscale of the SWAI-T and the Self Efficacy Inventory (Friedlander & Synder, 1983).

For the sample used in this study, the Client Focus subscale of the SWAI-T was positively correlated with counseling self-efficacy (Larson, Suzuki, Gillespie, Potenza,

Bechtel, & Toulouse, 1992), $r = .24$, $n = 103$, $p = .01$, and satisfaction with supervision

(Ladany, Hill, Corbett, & Nutt, 1996), $r = .64$, $n = 103$, $p < .01$. Additionally, the Rapport

subscale of the SWAI-T was also positively correlated with counseling self-efficacy

(Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992), $r = .24$, $n = 103$, $p = .01$,

and satisfaction with supervision (Ladany, Hill, Corbett, & Nutt, 1996), $r = .77$, $n = 103$, p

$< .01$. In summary, therefore, as supervisees reported that their supervisors focused on

both the client issues as well as building rapport with them directly, their satisfaction with

supervision increased, as did their feelings of self-efficacy as a counselor.

Supervisee self-efficacy.

The Counseling Self-Estimate Inventory (COSE; Larson, Suzuki, Gillespie,

Potenza, Bechtel, & Toulouse, 1992) is a 37-item measure of counseling supervisees'

judgements of their counseling abilities, as well as their expectancies for success in

counseling situations. It consists of 37 items divided into five subscales. The first subscale

(Microskills - 12 items), refers to fundamental counselor skills (e.g., tracking the client,

reflection, the quality of the counselor response). A sample item is "I feel confident that I

will appear competent and earn the respect of my client." The second subscale (Process -

10 items), refers to the quality of the counselor actions over time in general, and how they

impact the counseling relationship (e.g., generation of factors which promote client

confidence, accurate interpretation of client non-verbal behaviors). A sample item is "I am

afraid that I may not understand and properly determine probable meanings of the client's

nonverbal behaviors." The third subscale (Difficult Client Behaviors - 7 items), refers to

those behaviors exhibited by a client which are indicative of a lack of motivation and general disinterest in the therapeutic endeavor (e.g., silent during session, unresponsive to intervention). A sample item is "I am unsure how to deal with clients who appear noncommittal and indecisive." The fourth subscale (Cultural Competence - 4 items), refers to the counselors being competent working with clients outside of the majority group (e.g., different ethnic, religious, or social group). A sample item is "I will be an effective counselor with clients of a different social class." Finally, the fifth subscale (Awareness of Values - 4 items), refers to the degree to which the counselor is aware of the possible impact of their own values and belief systems on counseling outcome (e.g., different value structures can lead to different behaviors). A sample item is "I feel I may give advice."

Respondents rate their agreement with each item on a six-point Likert scale (1 = "strongly disagree" to 6 = "strongly agree"). Some items are reverse scored. Higher total scores reflect stronger perceptions of self-efficacy in counseling situations (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992). Higher subscale scores reflect greater feelings of self-efficacy on those skills measured by that respective subscale (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992). However, the author recommends the use of the total score as opposed to the individual subscale scores (L. Larson, personal communication, March 9, 1999).

A principal components factor analysis conducted on the initial item pool supported the existence of an underlying counselor self-efficacy construct measured by the sum of the COSE items. Further, it retained 37 items, all with factor loadings greater than

.40 (Larson et al., 1992). The analysis also supported a five-factor solution to best describe the construct being measured. That five-factor solution accounted for 36% of the total variance (Larson et al., 1992). For the Microskills subscale, each item had a factor loading of .41 or greater. For the Process subscale, each item had a factor loading of .43 or greater. For the Difficult Client Behaviors subscale, each item had a factor loading of .46 or greater. For the Cultural Competence subscale, each item had a factor loading of .51 or greater. Finally, for the Awareness of Values subscale, each item had a factor loading of .42 or greater (Larsen et al., 1992).

Original development of the scale indicated that the COSE total score had an internal consistency alpha of .93, and a three-week test-retest reliability of .87. The Microskills subscale had an internal consistency alpha of .88, and a three-week test-retest reliability of .68. The Process subscale had an internal consistency alpha of .87, and a three week test-retest reliability of .74. The Difficult Client Behaviors subscale had an internal consistency alpha of .80, and a three-week test-retest reliability of .80. The Cultural Competence subscale had an internal consistency alpha of .78, and a three-week test-retest reliability of .71. Finally, the Awareness of Values subscale had an internal consistency alpha of .62, and a three-week test-retest reliability of .83.

However, for this sample, the COSE total score had an internal consistency alpha of .80. The Microskills subscale had an internal consistency alpha of .67, the Process subscale had an internal consistency alpha of .57, and the Difficult Client Behaviors subscale had an internal consistency alpha of .62. The Cultural Competence subscale had

an internal consistency alpha of .52, and the Awareness of Values subscale had an internal

consistency alpha of .60. Because the COSE was initially developed on entry level

counselors "enrolled in introductory pre-practicum course" (Larson et al., 1992, p. 107), it

is possible that more advanced trainees, such as the interns and/or practicum students used

in this study, may have a different experience of self-efficacy (e.g., Ellis & Ladany, 1997).

Therefore, it may be unrealistic to expect higher reliability scores at this time (e.g.,

Rosenthal & Rosnow, 1991).

Validity of the COSE was initially established through the correlation between the

COSE and measures suspected to be conceptually unrelated to COSE scores (Larson et al.,

1992). For example, the correlations between the COSE total score, the COSE subscales,

and the participants scores on the Graduate Record Exam were not statistically significant

(all p's > .05); nor were the correlations between the COSE and their graduate grade point

averages, or their scores on the Myers-Briggs Type Indicator (all p's > .05 -

Meyers, 1962). Further, data from this current study confirms that the COSE is a valid

measure. COSE total scores were positively correlated with satisfaction with supervision

(Ladany, Hill, Corbett, & Nutt, 1996), $r = .30$, $n = 103$, $p < .02$ and positive perceptions of

the supervisory working alliance (Efstation, Patton, & Kardash, 1990), $r = .26$, $n = 103$, p

< .01. Simply put, the more efficacious a counselor the supervisees perceive themselves to

be, the greater their satisfaction with supervision and the more positive their perceptions of

the working alliance. Further, counselor supervisees who reported higher degrees of self-

efficacy, either as measured by the total COSE score or across the five subscales, also

reported higher self esteem as measured by the Tennessee Self Concept Scale (all p's $\leq$ .05 - Fitts, 1988). Additionally, counselor supervisees who reported higher levels of self-efficacy also reported both less state and less trait anxiety as measured by the State-Trait Anxiety Inventory (both p's $\leq$ .05 - Spielberger, Gorsuch, Lushdon, Vagg, & Jacobs, 1983).

<u>Satisfaction with supervision</u>.

Ladany, Hill, Corbett, and Nutt (1996) modified the <u>Client Satisfaction Questionnaire</u> (CSQ; Larson, Atkisson, Hargreaves & Nguyen, 1979) for use with supervisees to create the <u>Supervisory Satisfaction Questionnaire</u> (SSQ). The CSQ terms "counseling" and "services" were replaced with the term supervision. The SSQ is a 8-item measure that provides a measure of the respondents overall satisfaction with the supervision they received. A sample item is "How would you rate the quality of supervision you have received?" Subjects rate each item on a 4-point Likert scale (1 = "low" to 4 = "high"), with higher scores indicating greater satisfaction.

Development of the original CSQ yielded a coefficient alpha of .93 (Larsen, et al., 1979). Later studies confirmed that the CSQ is a reliable measure of client satisfaction, yielding alpha's ranging from .84 to .93 (e.g., Nguyen, Atkisson, & Stegner, 1983). The adapted version of the CSQ, the SSQ, had an internal consistency ranging from .92 to .96 (e.g., Ladany, et al., 1996). For this sample, the SSQ had an internal consistency alpha of .96.

Higher scores on the CSQ have been shown to be related to both client and therapist ratings of improvement and lower levels of client dropout (Larsen et al., 1979). Higher levels of satisfaction with supervision have been shown to be related to lower levels of nondisclosure with supervisors, the importance placed on those nondisclosures, and higher scores on the three subscales of the <u>Supervisory Styles Inventory</u> (SSI; Friedlander & Ward, 1984).

For the sample used in this study, scores on the SSQ were positively correlated with counseling self-efficacy (Larson, Suzuki, Gillespie, Potenza, Bechtel, & Toulouse, 1992), $\underline{r} = .30$, $\underline{n} = 103$, $\underline{p} < .01$ and positive perceptions of the supervisory working alliance (Efstation, Patton, & Kardash, 1990), $\underline{r} = .80$, $\underline{n} = 103$, $\underline{p} < .01$. It seems as if the greater a person's satisfaction with supervision, the higher their perception of self-efficacy and the more positive their perception of the supervisory working alliance.

<div align="center">Procedure</div>

Prior to data collection, the gender composition at each of the 540 psychology internship sites was determined by accessing the training sites webpages. This information was needed to ensure that each site was sent enough materials for all of their male interns and practicum students to participate.

All dependent measures were combined into one questionnaire. Both this questionnaire, and a cover letter describing the study, were inserted into a pre-stamped envelope addressed to the Principal Investigator. Each envelope was color coded in order to monitor return rate.

The participant cover letter served as the informed consent for the study, and it asked that dependent measures be filled out. This letter stressed the contribution to supervision the intern's responses would make, as response rates can be enhanced through personalized requests for expert knowledge in their field (Dillman, 1978). It also noted the anonymous nature of their responses, as there was no identifying information included in the dependent measures packet.

These return envelopes were then sealed into a separate envelope, along with another cover letter. This letter, addressed to the individual Training Directors, briefly described the study and the measures involved. It asked the Training Directors to distribute the enclosed envelopes to their male interns and male practicum students.

One month after these envelopes were mailed, post-card reminders were sent to each Training Director asking them to remind their practicum students and interns to complete the dependent measures packet and mail it directly to the Principal Investigator.

<div align="center">Hypotheses</div>

Because of the emotional nature of both counseling (e.g., Heesacker & Bradley, 1997) and psychotherapy training (e.g., Holloway, 1992), this study focused on the GRC pattern known as restricted emotionality. The first hypothesis was that male supervisees' experiencing more restricted emotionality will report lower self-efficacy as a counselor, a poorer perception of the quality of supervisee/supervisor working alliance, and lower satisfaction with the supervision.

The second hypothesis contained two parts. First, male supervisees experiencing more restricted emotionality will express less satisfaction with the supervision, lower self-efficacy as a counselor, and a poorer perception of the quality of supervisee/supervisor working alliance when they were paired with a supervisor whom they perceive as having a more affective and interpersonal style. Second, male supervisees experiencing more restricted emotionality will express more satisfaction with the supervision, greater feelings of self-efficacy, and a more positive perception of the quality of supervisee/supervisor working alliance when they were paired with a supervisor whom they perceive as having a more instrumental and task-oriented style.

<u>Analyses</u>

The first hypothesis was tested using three Pearson product moment correlations. Both parts of Hypothesis 2 were tested using three separate forced entry multiple regression analyses (e.g., Ladany, Hill, Corbett, & Nutt, 1996). The RE subscale of the GRCS-I, the Task Oriented and Interpersonally Sensitive subscales of the SSI, and an overall interaction term representing the combination of GRC and SSI, were classified as predictor variables. The COSE, the SSQ, and the Rapport subscale of the SWAI were classified as criterion variables.

CHAPTER 4
RESULTS

Hypothesis 1, that male supervisees' experiencing more restricted emotionality will report lower self-efficacy as a counselor, a poorer perception of the quality of supervisee/supervisor working alliance, and lower satisfaction with the supervision, was not supported. Restricted emotionality was not related to counseling self efficacy, $\underline{r} = -.19$, $\underline{n} = 103$, $\underline{p} = .20$, the perceptions of the supervisory working alliance, $\underline{r} = -.12$, $\underline{n} = 103$, $\underline{p} = .20$, nor satisfaction with supervision, $\underline{r} = -.11$, $\underline{n} = 103$, $\underline{p} = .30$.

Hypothesis 2, which stated that: (a) male supervisees experiencing more restricted emotionality will express less satisfaction with the supervision, lower self-efficacy as a counselor, and a poorer perception of the quality of supervisee/supervisor working alliance when they are paired with a supervisor whom they perceive as having a more affective and interpersonal style; and (b) male supervisees experiencing more restricted emotionality will express more satisfaction with the supervision, greater feelings of self-efficacy, and a more positive perception of the quality of supervisee/supervisor working alliance when they are paired with a supervisor whom they perceive as having a more instrumental and task-oriented style, was also not supported.

The first of three forced entry multiple regressions had the RE subscale of the GRCS-I, the Task Oriented and Interpersonally Sensitive subscales of the SSI, and an interaction term representing the combination of GRC and SSI, classified as predictor

variables. The COSE served as the criterion variable. The overall proportion of variance in counseling self-efficacy accounted for by restricted emotionality, supervisor style, and the interaction of supervisor style and restricted emotionality was not statistically significant using a Bonferroni correction of .02 (.05/3), R Squared = .11, $\underline{F}$(6, 96) = 2.01, $\underline{p}$ = .07.

The second forced entry multiple regression had the RE subscale of the GRCS-I, the Task Oriented and Interpersonally Sensitive subscales of the SSI, and an interaction term representing the combination of GRC and SSI, classified as predictor variables. This time, however, the SSQ served as the criterion variable. The overall proportion of variance in satisfaction with supervision accounted for by restricted emotionality, supervisor style, and the interaction of supervisor style and restricted emotionality was significant using a Bonferroni correction of .02 (.05/3), R Squared = .83, $\underline{F}$(6, 96) = 36.6, $\underline{p}$ < .01. Contrary to predictions, however, follow-up analyses using a Bonferroni correction of .01 (.05/4) indicated that the participant sample reported greater satisfaction with the supervision when paired with an interpersonally sensitive supervisor $\underline{B}$ = 5.19, $\underline{SE\ B}$ = 1.0, $\underline{Beta}$ = .78, $\underline{t}$ = 4.75, $\underline{p}$ < .01. No other predictors, such as the hypothesed interaction of an affective supervisor style and increased RE, approached statistical significance.

The third forced entry multiple regression had the RE subscale of the GRCS-I, the Task Oriented and Interpersonally Sensitive subscales of the SSI, and an interaction term representing the combination of GRC and SSI, classified as predictor variables. The Rapport subscale of the SWAI served as the criterion variable. The overall proportion of variance in the degree to which the supervissee perceived their supervisor as concerned

about building rapport in the supervisory relationship accounted for by restricted emotionality, supervisor style, and the interaction of supervisor style and restricted emotionality was significant using a Bonferroni correction of .02 (.05/3), $\underline{R\ Squared}$ = .74, $\underline{F}(6, 96)$ = 18.8, $\underline{p} < .01$. Contrary to predictions, however, follow-up analyses using a Bonferroni correction of .01 (.05/4) again indicated that the participant sample reported more positive perceptions of the supervisory working alliance when paired with an interpersonally sensitive supervisor $\underline{B}$ = 8.3, $\underline{SE\ B}$ = 2.67, $\underline{Beta}$ = .58, $\underline{t}$ = 2.9, $\underline{p} < .01$. No other predictors, such as the hypothesed interaction of a task-oriented supervisor style and increased RE, reached statistical significance.

Taken together, these analyses suggest that there is no linear relationship between restricted emotionality and counseling self efficacy, perceptions of the supervisory working alliance, or satisfaction with supervision. Also, it seems as if the interaction of restricted emotionality and supervisor style does not impact a supervisee's feelings of self-efficacy as a counselor, overall satisfaction with supervision or perceptions of the supervisory working alliance.

CHAPTER 5
DISCUSSION

Although it was expected that supervisee restricted emotionality would influence perceptions of the supervisory working alliance, satisfaction with supervision, or counselor feelings of self efficacy in a linear fashion, the results suggest this is not the case. Further, the interaction of task oriented or interpersonal supervisory style with restricted emotionality was not related to perceptions of the supervisory working alliance, satisfaction with supervision, or feelings of self efficacy as a counselor. Given that the existing research which suggests that male counselors experiencing higher levels of gender role conflict may have difficulty with the supervisory relationship, these findings may call for a reexamination of the applicability of gender role conflict theory.

In the case of this study, for example, it is possible that some men have a different experience of their gender roles than the one suggested by GRC theory (O'Neil et al., 1986). A man who works in counseling psychology may have a different definition, and therefore a different experience, of gender role issues than does a man who works building skyscrapers. However, unlike feminist theory, which has matured to the point that it no longer considers specific tenants universally applicable to all women, gender role conflict theory has remained stagnant with regards to examining the differential experience of specific subgroups of men. Further research should correct this oversight to ensure that any theory regarding the experience of men be as inclusive as possible.

Relatedly, it is also possible that circumstances inherent to the counseling psychology training environment (e.g., multiple levels of support, different expectations) may have moderated the expression of restricted emotionality to the extent that traditional definition of restricted emotionality no longer applies. Perhaps men in such environments find ways other than the more process-oriented expressive approach to explore their emotions (e.g., Heesacker & Bradley, 1997) . It is possible that, rather than experiencing "gender role conflict" such men adapt their emotionality to walk a line between violating the socialized male role and the demands of their training experience. Therefore, while their scores on the RE subscale may have indicated the experience of restricted emotionality, the "press" behind such indications may not have been present thus eliminating the chances of finding statistical significance.

It may also be possible that those males experiencing higher levels of restricted emotionality do not choose to enter the profession of counseling. Existing research documents that the majority of the workforce in clinical, counseling, and school psychology is increasingly female, as fewer and fewer men enter the profession yearly (Pion, Mednick, Astin, Hall, Kenkel, Keita, Kohout, & Kelleher, 1996). This trend mirrors all levels of psychology, in that women currently make up approximately 72% of the psychology undergraduate pool and 68% of the graduate pool (Pion et al., 1996). Future research should examine the reasons behind this demographic shift. For example, it is possible that men experiencing increased gender role conflict may avoid entering the profession because of its emotional nature. It is also possible that (a) the process of

admitting graduate students screens out those individuals dealing with such issues or (b) during training such men are labeled as impaired (e.g., Forrest, Elman, Gizara, & Vacha-Haase, 1999). All of these possibilities should be investigated in order to determine if the profession is training a broad range of individuals to adequately address the concerns of a multitude of clients.

At the same time, however, there are also some limitations to this study which, although related to the above explanations, need to be discussed individually. The first is the nature of the sample obtained for this study, as it may not be representative of therapists-in-training as a whole. For example, the participants for this study were primarily students in clinical psychology (52.4%) who described themselves as cognitive behavioral (39.8%). Further, 45.6% of the respondents reported that they were currently at a medical center training site. It is possible that something about this set of characteristics helped the students deal with their experience of restricted emotionality so that it did not interfere with their performance. Additionally, the participants in this study were obtained exclusively from internship sites approved by the American Psychological Association. It is possible that some aspect of the intern selection process screens out those male experiencing greater levels of gender role conflict, resulting in such men accepting non-approved internships. Additionally, there are many mental health professions which do not mandate their students obtaining an APA approved internship. Such professions were not sampled by the procedure used in this study, and future research should determine a method of accessing their experiences in supervision.

Further, the average age of the male interns and/or male practicum students was 33.3 ($\underline{SD}$ = 7.4) years. Comparison between this sample, the sample on which the GRCS-I was developed (e.g., O'Neil et al., 1986), and several other published samples of men (e.g., Counoyer & Mahalik, 1995; Good et al., 1995; Sharpe & Heppner, 1991; Wisch & Mahalik, 1999), suggests that there is an age-based progression to an individual's experience of restricted emotionality. Typically, collegians struggle most with restricted emotionality, while older men often seem to have moved beyond needing to rigidly adhere to the male gender-role ideal. As the mean level of RE scores obtained in this study happens to fall between the collegian RE scores and the published adult RE scores (e.g., Good et al., 1995), it is possible that some combination of factors associated with increased age has the effect of moderating an individual's experience of restricted emotionally so that RE's potential impact is less severe (Cournoyer & Mahalik, 1995; Levinson, Darrow, Klein, Levinson, & McKee, 1978). Further research should take this account when examining the potential impact of restricted emotionality.

Additionally, the average amount of counseling experience this sample reported was 43.1 (SD = 38.7) months. Comparison of the scores obtained in this study and samples of previous male mental health professionals indicates that this sample of male interns and/or practicum students falls between the collegian normative scores (e.g., O'Neil et al., 1986) and male mental health professionals (e.g., Counoyer & Mahalik, 1995; Sharpe & Heppner, 1991; Wisch & Mahalik, 1999). It is, however, possible that some combination of factors associated with increased client contact may moderate the

experience of, and therefore the impact of, restricted emotionality. Similar progressions have been noted with other measures related to masculinity and emotions, such as the Beliefs About Men's Emotions scale (Heesacker, Wester, Vogel, Wentzel, Goodholm Jr., & Mejia-Millan, 1999b), with similar effects. Therefore, future research should consider examining the degree to which factors associated with increased client contact affect the potential impact of male restricted emotionality.

The range of restricted emotionality found in this study also raises concerns. The sample of male interns and practicum students reported lower levels of restricted emotionality than the overall population of men as a whole (e.g., O'Neil et al., 1986; Counoyer & Mahalik, 1995; Good et al., 1995; Sharpe & Heppner, 1991; Wisch & Mahalik, 1999). However, at the same time the mean level of RE scores obtained in this study is where one would expect - between the published collegian RE scores and the published RE scores of practicing mental health professionals (e.g., Counoyer & Mahalik, 1995; Good et al., 1995; Sharpe & Heppner, 1991; Wisch & Mahalik, 1999).

It is also a possibility that multicollinearity (e.g., Licht, 1995; Wampold & Freund, 1987) interfered with the multiple regressions. Multicollinearity is defined as a high correlation among the predictor variables (Wampold & Freund, 1987). Typically, when multicollinearity occurs, none of the variables reach statistical significance because they add little to the prediction of the dependent variables above and beyond each other. In the case of this research, for example, restricted emotionality alone was not related to any outcome variables; perhaps because of some of the reasons discussed above. Therefore,

the high inter-correlations between restricted emotionality and the interaction of restricted emotionality and supervisory style may have led to a smaller R squared because each variable added little to the prediction of counselor self-efficacy, satisfaction with supervision, and perceptions of the supervisory working alliance. As Wampold and Freund (1987) noted "if an interaction [term] is highly correlated with the main effects, the contribution of the interaction [term] over and above the main effects will always be small" (p. 378). However, at the same time it "would be incorrect to conclude that [the interaction term is an] unimportant variable" (Wampold & Freund, 1987, p. 378). Future research in this area should (a) consider a more sensitive method of understanding the interaction of supervisory style and restricted emotionality, and (b) follow the suggestions of Ladany, Hill, Corbett, and Nutt (1996) and employ a multivariate multiple regression (e.g., Haase & Ellis, 1987) in order to statistically control for multicollinearity, with an understanding that such a procedure requires a larger number of participants in order to detect an effect.

Another limitation of this study involves the return rates. While the institutional return rate in this study was excellent, the individual return rate was below 50%, leading to a relatively small sample size. Accordingly, the results can be generalized to the larger population of male interns and practicum students only with caution, as the question remains as to whether those who choose not to respond would have produced different results than those who did. At the same time, however, it should be noted that this return rate was comparable to, or in some cases better, than the response rates of other studies

looking at gender role conflict and mental health professionals. This having been said, however, it may be possible that this study dis not find an effect because of low statistical power, as the average effect size (eta) of published research in this area is only .24.

Dupuy, Ritchie, and Cook (1994) determined that, of all the counseling textbooks discussing gender issues, none of them did so in a manner that included the impact of masculine socialization. This inattention to an understanding of what it means to be male in today's society suggests that there is little support in psychology training programs for men. Future research should explore this suggestion by continuing to investigate men's experiences of psychology training. While the relationship between restricted emotionality and a man's experience of supervision remains unclear, perhaps there is a relationship between RE and the gender of the supervisor. Gender role conflict theory (see Levant & Pollack, 1995 for review) would suggest that male supervisees would have increased difficulty with male supervisors because of the perceived power and competition issues inherent to the supervisory relationship. At the same time, it is possible that male supervisees would have greater difficulty in supervision with a female supervisor because of the reported male tendency to sexualize all male/female relationships (see Brooks & Levant, 1998 for review). Future studies should explore these questions, as well as those previously discussed, as it seems likely that the gender of the supervisor would have a moderating (e.g., Baron & Kenny, 1986) impact on the relationship between RE and a male's experience of supervision.

COVER LETTER TO PROSPECTIVE PARTICIPANTS

[Date]

Dear Intern or Practicum Student:

Supervision is a critical part of psychotherapy training. Accordingly, it is important that the profession of counseling work to improve the quality and nature of the experience in order to ensure that everyone benefits as much as possible.

The purpose of this study is to get a "real world" sense of male interns' and practicum students' experiences in supervision. You have received these materials contained in a postage-paid, pre-addressed envelope from your training director. **In pilot studies, this material required an average response time of only 20-30 minutes**! Return of your completed materials will serve as your voluntary consent to participate in this research project. All of the information you provide will be anonymous, and kept confidential to the extent provided by law. All releases will be in the form of summary statistics involving all participants. No discomforts, stresses or risks are foreseen.

This materials should take only 20-30 minutes for you to complete. Just detach and keep this cover letter, fill out the surveys, fold and insert them into the envelope, seal the envelope, and put it in the mail. I am attempting to sample all interns and practicum students this year in order to develop an accurate picture of your supervisory experiences. PLEASE respond honestly and promptly to this one-time mailing. A benefit of completing

this question is that your collective experiences regarding supervision and training will be represented. Thank you in advance for your very valuable contribution.

Should you have any questions about this investigation, or would like to see results of this study, please contact the Principal Investigator at: Stephen R. Wester, M.A., Department of Psychology, University of Florida, P.O. Box 112250, Gainesville, Florida 32611 (Wester@Webb.Psych.UFL.EDU). Questions or concerns about participants' rights may be directed to the University of Florida IRB office (UFIRB, University of Florida, Box 112250, Gainesville, Florida 32611).

Sincerely,

Stephen R. Wester, M.A.   James Archer Jr., Ph.D., ABPP

Doctoral Candidate;   Professor of Counselor Education

    Counseling Psychology   and Psychology

Department of Psychology   Department of Counselor Education

University of Florida   University of Florida

[Date]

Dear Training Director:

We are conducting a study of interns' and practicum students' perceptions of supervision and ***we need your cooperation!*** This survey has been mailed to all internship training directors listed in the 1998-1999 APPIC directory. Please distribute the enclosed surveys to your <u>male</u> interns and practicum students. They will be asked about their experiences with supervision, their perceptions for supervision, and their desires for future supervision. Once you distribute these surveys, the students can return them by mail directly to me. If you have any extra surveys, please discard them as you see fit.

I have also enclosed a postcard which serves as a confirmation of your receipt of materials. Please respond to the items noted on it and drop it in the mail. Your doing so in no way makes you responsible for the materials. It simply allows me to keep track of my mailings. Further, the information you include will be kept confidential to the extent provided by law. It will be distributed only in the form of summary statistics which will include all respondents.

This survey will gather important information about how graduate programs prepare their male interns for the rigors of supervision, and how, in each case, their overall experiences with supervision have shaped the performance of their duties. Many thanks for

your invaluable assistance! If you have any questions please contact the Principal

Investigator (Stephen R. Wester, M.A., Department of Psychology, University of Florida,

P.O. Box 12250, Gainesville, Florida 32611, Wester@Webb.Psych.UFL.EDU).

Sincerely,

Stephen R. Wester, M.A.   James Archer, Jr., Ph.D., ABPP

Doctoral Candidate   Professor of Counselor Education

Department of Psychology   and Psychology

University of Florida   Department of Counselor Education

                    University of Florida

Dear [Training Director]

About one month ago you should have received copies of our survey on the supervisory experiences of psychology interns, psychology practicum student, and psychology trainees. We were writing to remind you to please distribute these surveys to your charges if you have not already done so. We would also very much appreciate your reminding them about the survey, and encouraging them to complete it as soon as possible. These surveys should take no more than 20-30 minutes to complete, and they are already stamped with return postage.

If you have already distributed the surveys and followed-up with your charges, then please accept our thanks for your time and effort. Further, please convey those same thanks to your charges. Your participation is greatly appreciated!

If you have any questions about the research, or if you did not receive the packet of questionnaires, please e-mail us at: Wester@Webb.Psych.UFL.EDU. You can also reach the Principal Investigator at 352-292-0601. Sincerely,

Stephen R. Wester, M.A.   James Archer, Jr., Ph.D., ABPP

Doctoral Candidate   Professor

Department of Psychology   Department of Counselor Education

University of Florida   University of Florida

APPENDIX D
UNIVERSITY OF FLORIDA INSTITUTIONAL REVIEW BOARD

1) TITLE OF PROJECT: "The Relationship Between Male Restricted Emotionality and Perceptions of Counselor Supervision"

2) PRINCIPAL INVESTIGATOR: Stephen R. Wester, M.A., Department of Psychology, University of Florida, P.O. Box 112250, 392-0601, x431, Wester@Webb.Psych.UFL.EDU

3) SUPERVISOR (IF PI IS A STUDENT): James Archer, Jr., Ph.D., Professor of Counselor Education and Psychology, Department of Counselor Education, 1215 Norman Hall, 375-6669, x231, JArcher@COE.UFL.EDU

4) DATES OF PROPOSED PROJECT: From: 2/1/99 To: 12/31/99

5) SOURCE OF FUNDING FOR PROJECT (As indicated to the Office of Research, Technology, and Graduate Education): None

6) SCIENTIFIC PURPOSE OF THE INVESTIGATION: Gender role conflict occurs in men when the behaviors learned under a traditional male socialization become incompatible with the demands of their current situation (Levant & Pollack, 1995). For example, previous research has demonstrated GRC is problematic for men involved in interpersonal relationships (e.g., Brooks, 1998; Levant & Pollack, 1995). Restricted emotionality, as measured by the Gender Role Conflict Scale (O'Neil, Helms, Gable, David, & Wrightsman, 1986) is related to increased levels

of depression (e.g., Good & Mintz, 1990), anxiety (Sharpe & Heppner, 1991), and sexual aggression (Kaplin, 1992/1993), as well as an inability to recognize, process, and discuss their own emotions in psychotherapy (Fisher & Good, 1995; Sheppard, 1994a, 1994b).

The purpose of this study is to examine the impact of supervissee restricted emotionality (RE) on counselor supervision, as counseling supervision can be characterized as an affectively loaded interpersonal relationship (e.g., Holloway, 1992). To date no published empirical research has examined RE from this perspective. However, supervision has been defined as "an intensive, interpersonally focused, one-to-one relationship (Loganbill, Hardy, & Delworth, 1982, p. 4), and male supervisee could have difficulty with such a relationship because of their "restricted emotionality" (e.g., Cummings, 1989; David & Brannon, 1976; Good, Dell, and Mintz, 1989; O'Neil, 1981), difficulty with power and control in a relationship (Good, Dell, & Mintz, 1989; O'Neil, 1981; O'Neil et al., 1986; Warren, 1983), and their overall fear of intimacy (e.g., O'Neil, 1981a, 1981b; Good, Dell, & Mintz, 1989). A better understanding of this gender-related aspect of clinical supervision could be an essential contributor to improving the experiences of male trainees (e.g., Heppner, 1995), and ensuring that they are better equipped to provide services to a variety of clients.

7) DESCRIBE THE RESEARCH METHODOLOGY IN NON-TECHNICAL

LANGUAGE: This study will involve sending: 1. a cover letter to Training

Directors; 2. a "materials received" postcard to Training Directors; 3. a cover letter

to respondents; 4. Supervissee Personal Data Sheet; 5. Gender Role Conflict Scale

(O'Neil et al., 1986); 6. Supervisor Styles Inventory (Friedlander & Ward, 1984);

7. Supervisory Working Alliance Inventory (Efstation, Patton, & Kardash, 1990);

8. Counseling Self-Estimate Inventory (Larson, Suzuki, Gillespie, Potenza,

Bechtel, & Toulouse, 1992); 9. Satisfaction with Supervision Questionnaire

(Larson, Atkinson, Hargreaves, Nguyen, 1979); to all 525 psychology internship

sites listed in the Directory of the Association of Psychology Postdoctoral and

Internship Centers (APPIC, 1998). The Training Directors will be asked to

distribute an envelope containing items 3 through 9 to all male interns and

practicum students at their site. Further, the Training Directors will be asked to

return a pre-addressed stamped postcard acknowledging both receipt of the

materials and the number of envelopes distributed.

In the cover letter the interns and practicum students will be asked to

participate in the study by filling out the materials and sending them back to the

experimenter. The envelopes will be pre-addressed and have postage affixed to

them so that respondents can simply complete them, insert them back into the

envelopes, and mail them.

8) POTENTIAL BENEFITS AND ANTICIPATED RISKS: We do not anticipate any risks associated with participation in this study. The benefits include the respondents' contributing to the empirical research and being able to be sent a copy of the results.

9) DESCRIBE HOW PARTICIPANTS WILL BE RECRUITED, THE NUMBER AND AGE OF THE PARTICIPANTS, AND THE PROPOSED COMPENSATION (if any): The participants will be the approximately 500 male interns and practicum students employed at one of the 525 internship sites listed in the APPIC Directory (APPIC, 1998). Letters will be sent to Training Directors of these sites asking them to distribute the envelopes to their interns and practicum students. No compensation will be given.

10) DESCRIBE THE INFORMED CONSENT PROCESS. INCLUDE A COPY OF THE INFORMED CONSENT DOCUMENT (if applicable): Informed consent will be included in the cover letter to respondents, which will be distributed along with the other materials to each intern and practicum student. Return of the competed materials will serve as the respondent's consent to participate in this study. All of the information provided will be strictly confidential to the extent provided by law and will not be released except in the form of summary statistics that involve all participants.

CORRELATIONS AMONG STUDY VARIABLES

	SSI-TO	SSI-IS	SSQ	SWAI	COSE	RE
SSI-TO	1.0	.52/.00*	.42/.00*	.42/.00*	.41/.00*	-.09/.35
SSI-IS	.52/.00*	1.0	.83/.00*	.80/.00*	.83/.00*	-.06/.57
SSQ	.42/.00*	.83/.00*	1.0	.80/.00*	.30/.00*	-.09/.35
SWAI	.42/.00*	.80/.00*	.80/.00*	1.0	.26/.00*	-.12/.21
COSE	.41/.00*	.83/.00*	.30/.00*	.26/.00*	1.0	-.12/.06
RE	-.09/.35	-.06/.57	-.09/.35	1.12/.21	-.12/.06	1.0

Note: '*' = p value <.05. SSI-TO = Task Oriented subscale of the Supervisory Styles Inventory; SSI-IS = Interpersonally Sensitive subscale of the Supervisory Styles Inventory; SSQ = Satisfaction with Supervision scale; SWAI = Supervisory Working Alliance Inventory; COSE = Counseling Self-Efficacy Inventory; RE = Restricted Emotionality

APPENDIX F
DESCRIPTIVE DATA FOR STUDY VARIABLES

	Mean	Standard Deviation
SSI-TO	4.9	1.1
SSI-IS	5.6	.97
SSQ	26.9	6.5
SWAI	103.1	18.6
COSE	138.2	7.9
RE	26.2	10.9

Note: SSI-TO = Task Oriented subscale of the Supervisory Styles Inventory; SSI-IS = Interpersonally Sensitive subscale of the Supervisory Styles Inventory; SSQ = Satisfaction with Supervision scale; SWAI = Supervisory Working Alliance Inventory; COSE = Counseling Self-Efficacy Inventory; RE = Restricted Emotionality

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BIOGRAPHICAL SKETCH

Stephen Wester received his B.A. in psychology from the University of Toledo, Toledo Ohio, in 1992 and his M.A. in clinical psychology from Xavier University, Cincinnati Ohio, in 1994. He is completing his internship at the University of Illinois at Urbana-Champaign Counseling Center, after which he will begin his career as an Assistant Professor of Counseling Psychology in the Department of Educational Psychology at the University of Wisconsin-Milwaukee. His research and clinical interests include the psychology of men, male gender role conflict, gender-based emotional stereotyping, violence prevention, constitutional law (specifically the First and Second Amendments), and the impact of gender role socialization on both sides of the counseling and supervision processes. He has a beautiful wife (Dawn) and two beautiful children (Shelby Paige and Nathan Lafayette), all of whom, contrary to popular belief, he loves more than first authorship in *any* journal.

I certify that I have read this study and in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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I certify that I have read this study and in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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I certify that I have read this study and in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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